



# HEALTH SAVINGS ACCOUNT CONTRIBUTION FORM

Account Holder's Name and Address			Spending Account ID #							
<hr/> Last Name	<hr/> First Name	<hr/> Middle Initial	S	A	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Social Security # (if SA# is not known)										
<hr/> Street Address										
<hr/> City			<hr/> State				<hr/> Zip			
Daytime Phone										
<hr/> Email address										

## Contributions

Account Type:     HSA     MSA

I wish to make a single contribution by **check** (Please make checks payable to Further).

Amount: \$ \_\_\_\_\_

Tax Year: \_\_\_\_\_

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.

I wish to authorize **an electronic funds transfer**:

Please initiate a one-time pull from the account I have indicated on the reverse side of this form.

Please initiate a one-time pull from the existing bank account on file at Further, bank account number: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Tax Year: \_\_\_\_\_

Please initiate an ongoing monthly draft from the account I have indicated on the reverse side of this form.

Please initiate an ongoing monthly draft from the existing bank account on file at Further, bank account number: \_\_\_\_\_

I understand that funds will be drawn from my account on or around the 5th day of each month.

Amount: \$ \_\_\_\_\_

Tax Year will be the current year: \_\_\_\_\_

## Signature

It is my responsibility (1) to determine whether I am eligible to make contributions to my HSA, and (2) to determine whether contributions to this HSA have exceeded the applicable maximum annual contribution limit. For current eligibility guidelines and contribution limits, go to [CareFirst.com/MyAccount](http://CareFirst.com/MyAccount)

I understand deposits might not be available for immediate withdrawal until confirmation by my financial institution.

\_\_\_\_\_ Account Holder Date

### Authorization for Electronic Transfer of Funds

As an added convenience, Further can automatically transfer contributions and/or distributions between your bank account and your health savings account. Once you have authorized Further to automatically transfer funds, there is no need to re-enroll in subsequent plan years unless there is a change in your bank information.

**To begin the electronic transfer of funds or change bank account information, please complete the following:**

The bank information I have provided is intended to be used as indicated below:

- Contribution(s) to Further **and/or**  Withdrawal(s) from Further  
 checking or  savings account

Please note that we cannot transfer funds into investment accounts at this time.

Name of member (please print): \_\_\_\_\_

Spending Account or Social Security Number: \_\_\_\_\_

Employer's Name (if applicable): \_\_\_\_\_

Bank name: \_\_\_\_\_

Bank telephone number: \_\_\_\_\_

Bank ABA Routing Number: \_\_\_\_\_

(The ABA routing number is the nine-digit number located in the bottom left corner of your check or deposit slip)

Bank Account Number: \_\_\_\_\_

\_\_\_\_\_  
Signature of Bank Account Holder

Signature Date: \_\_\_\_\_

Please allow 10-15 business days from the date this form is received by Further for your request to be processed. You may receive a manual check if claims are processed before the direct deposit is effective.

**Save time: submit this information online.** Questions? Call Member Services at 1-866-758-6119.

**Submit online:**  
Log into your account at  
CareFirst.com/MyAccount

**Send via secured email only:**  
CareFirstDocuments@HelloFurther.com

**Fax to:**  
866-231-0214

**Mail to:**  
PO Box 860684  
Minneapolis, MN  
55486-0684

**Overnight:**  
Lockbox 860684  
1200 Energy Park Dr  
St Paul, MN  
55108-0684