

**HEALTH SAVINGS ACCOUNTS  
CONTRIBUTION FORM**



**Group Information**

Group Name: \_\_\_\_\_ Horizon Group # \_\_\_\_\_

Location Name (if applicable): \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_

Check Amount: \_\_\_\_\_ Check Date: \_\_\_\_\_ Check #: \_\_\_\_\_ Contribution Date: \_\_\_\_\_

**Contribution Detail** Page \_\_\_\_ of \_\_\_\_

Name	SSN	Employee Contributions		Employer Contributions	
		Amount	Tax Year	Amount	Tax Year
	- -				
	- -				
	- -				
	- -				
	- -				
	- -				
	- -				
	- -				
	- -				
	- -				
	- -				
	- -				
	- -				
	- -				
	- -				
	- -				
	- -				
	- -				
	- -				
	- -				
	- -				
<b>Total:</b>				<b>Total:</b>	

Questions? Call Group Leader Services at 1-888-215-0025.  
**Return form along with a check made payable to Horizon to:**  
 P.O. Box 64193  
 St. Paul, MN 55164-0193