OPTUMHealth Bank℠

Contribution/Deposit Form

USE THIS FORM TO MAKE A DEPOSIT TO YOUR HSA.

ACCOUNT HOLDER NAME & ADDRESS ON HSA

Name:	Social Security Number:*	Group Id Number:
Address:	Daytime Telephone:	
City, State, Zip Code:		

*Not required if account number is provided below.

HSA CONTRIBUTION INFORMATION

Account Number	Date of Contribution	Amount of Contribution	Source of Contribution	Contribution Tax Year
			Account Holder†	20 _ _

†If you are self employed or would like to make an employer contribution, please use the Employer Portal or complete an Employer Contribution Worksheet, which is available online.

PLEASE ENCLOSE CHECK, MADE PAYABLE TO OPTUMHEALTH BANK, AND MAIL TO:
OptumHealth Bank, Member FDIC
P.O. Box 271629
Salt Lake City, UT 84127-1629

DEPOSITS MAY NOT BE AVAILABLE FOR IMMEDIATE WITHDRAWAL

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