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HEALTH SAVINGS ACCOUNT
Contribution Form

Make check payable to: American Fidelity - HSA
Mail check and completed form to: American Fidelity, P.O. Box 258886, Oklahoma City, OK 73125

You can monitor your transactions via your online account at americanfidelity.com

A. Accountholder Information			
Name		Social Security #	
Address		DOB (mm/dd/yyyy)	
City, State, Zip		Daytime Phone	
Employer Name*		Email address	

B. Contribution Information				
Date of contribution	_____ (mm/dd/yyyy)	Contribution amount	$_____	Contribution for tax year 20___
Source of contribution ☐ Individual ☐ Employer		Contribution Type ☐ Normal ☐ Catch-up contribution (ages 55 and over) ☐ Redeposit of mistaken distribution ($15.00 fee will be debited to your account.)		

Contributions for the prior tax year may be submitted until the deadline for filing your federal income tax return, without extensions.

C. Additional Information or Special Instructions

I certify that this is an eligible HSA contribution and that all information provided by me is true and accurate. I further certify that no tax advice has been given to me by American Fidelity. I expressly assume the responsibility for any adverse consequences which may arise from this contribution and I agree that the Custodian shall in no way be held responsible. I understand that it is my responsibility to contact my tax advisor or legal counsel when appropriate. Furthermore, I understand that I am responsible for all tax consequences associated with this contribution.

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

_____ Signature of Accountholder

_____ Date

This form is used only for contributing to an existing HSA. If opening a new Health Savings Account, please contact your employer for an Application and Custodial Agreement.