

Instructions: Use this form to make a Contribution. Complete this form and mail it to Avidia Bank P.O. Box 981012, Boston, MA 02298-1012 For assistance call 1.855.472.9399, or send an email to HSA@avidiahealthcaresolutions.com

HSA Account Owner's Name and Address:						HSA Trustee or Custodian's Name and Address:						
						<b>Avidia Bank</b> 42 Main St Hudson, MA 01749						
Social Security #				Date of Birth (mm/dd/yyyy			Hor		e Phone			
HSA Account Number					Trustee or Custodian's Phone N		umber 1.855.43		1.855.472.9	2.9399		
Contribution Information:												
Contribution		Contribution	Cor	Contribution For		Tax Year		Contribution Type				
							Re	gular	Tra	ansfer	Roll	over

## **Rules And Conditions Applicable To Contributions**

Various types of contributions may be made to your Health Savings Account (HSA). Federal law limits the amount which may be contributed and the date by which such contributions may be made. By properly completing this form you are authorizing the Trustee or Custodian to accept the HSA contribution described on this form and you are certifying that you are eligible to make such contribution. HSA contribution rules are often complex. If you have any questions regarding a contribution, please seek a competent tax professional. An HSA allows for tax-deductible contributions and tax-free distributions if amounts are used for qualifying medical expenses.

## REGULAR

The total amount you may contribute to an HSA for any taxable year cannot exceed the applicable limit for that year. In addition, if you are age 55 or older by the end of the taxable year, you are eligible to make additional catch-up contributions to your HSA for that year. Qualified HSA funding distributions taken from your IRA and directly deposited to your HSA are also reported as regular HSA contributions. Refer to IRS Publication 969, Health Savings Accounts and Other Tax-Favored Health Plans, for more information. This publication is available from your local IRS office, on the IRS Internet Website at www.irs.gov.

## **ROLLOVER AND TRANSFER**

Rollover and transfer are terms used to describe tax-free movements of cash or other property to your HSA from any of your other HSAs or Archer MSAs. A Health Flexible Spending Arrangement (Health FSA) or Health Reimbursement Arrangement (HRA) may also be directly rolled over to your HSA.

## MISTAKEN DISTRIBUTION

An HSA Trustee or Custodian may or may not allow the return of mistaken distributions. The Trustee or Custodian may rely on the HSA Account Owner's representation that the distribution was, in fact, a mistake. Mistaken distributions that are redeposited are not reportable.

Special Instructions:	Signature:					
Please return this completed form along with a check, money order, or draft payable to Avidia Bank and mail to: <b>Avidia Bank</b> PO Box 981012 Boston, MA 02298-1012	I certify that the deposit described above is eligible to be contributed the HSA and I authorize the deposit/investment in the manner described a I certify that all of the information provided by me is correct and may be relied upon by the Trustee or Custodian.					
5050011, HW 102270 1012	HSA Account Owner	Date				



