

Health Savings Account (HSA) Contribution Form

Use this form to deposit funds into your HSA. Any contributions received will be deposited in the cash account. Funds above the minimum threshold will automatically be swept into an interest bearing account once the amount above the threshold reaches \$100. You can set investment allocations for the mutual fund investments through your Consumer Portal.

*=required

Step 1: Participant Information

*Employer Name (If sponsored by an employer plan)

*Account Holder Name (First, MI, Last)

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*Day Telephone

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*Social Security Number

*Updates to your demographic information may be made by logging onto your Consumer Portal at www.discoverybenefits.com.

Step 2: Contribution Information

*Contribution Amount: \$

*Contribution for Tax Year:
(20XX)

Step 3: Contribution Type

*Please select only one type

Regular (post-tax): Annual maximum contribution limits for Self Only are \$3100. Annual maximum contribution limits for Family are \$6250.

Catch-Up: If you are 55 years of age or older during the calendar year, you may make an additional "catch up" contribution of up to \$1000.

Regular (post-tax) & Catch-up: See above descriptions.

Mistaken Distribution: According to IRS Notice 2004-50, an HSA Custodian or Trustee may allow the return of mistaken distributions. The Custodian or Trustee may rely on the Account Owner's representation that the distribution was, in fact, a mistake.

Please make checks payable to Discovery Benefits, Inc.

Step 4: Consumer Authorization

I certify that I am the HSA account holder or an individual authorized to execute this transaction. I have read and understand the instructions and any rules or conditions relating to and have met the requirements for making this transaction. I assume full responsibility for this transaction and will not hold Custodian or Discovery Benefits liable for any adverse consequences that may result. I have not received tax or legal advice from Custodian or Discovery Benefits and, if necessary, will seek the advice of a tax or legal professional to ensure my compliance with related laws. All information provided above is true and correct and may be relied upon by Custodian and Discovery Benefits.

*HSA Account Holder Signature

*Date