

Everence HSA Group Contributions

For employer



Use this form to make deposits to your employees' HSAs. Mail the completed form with your contribution check payable to Everence FCU. This helps ensure that your funds are credited properly. We will send you a receipt confirming your contribution, along with a new form and return envelope for your next contribution.

Employer name _____ Employer I.D. number _____

Employer contact _____ Phone number _____

Contribution is for the tax year* _____

HSA account owner name	HSA account number**	Contribution
Total deposit		

Please make check payable to Everence FCU. Mail this form with your check to Everence HSA administration, P.O. Box 483, Goshen, IN 46527. For questions, call (800) 348-7468, ext. 2460.

Employer representative signature Date

*A contribution made to Everence HSAs between Jan. 1 and the tax return due date (usually April 15) may be treated either as a contribution for the current tax year or the preceding year. Contributions received between Jan. 1 and April 15 will be treated as contributions for the current tax year unless you indicate they are for the preceding tax year.

**Due to privacy restrictions, account numbers must be obtained from your new employees after they receive their account information.

Everence Federal Credit Union
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 Post Office Box 483 T: (574) 533-9511
 Goshen, IN 46527
 www.everence.com