



# OPTUM Bank<sup>SM</sup>

MEMBER FDIC | P.O. Box 271629 | Salt Lake City,

## Employer Contribution Form

Reminder: Check **MUST** be submitted with this form

Manage your HSA program and submit contributions online!

It's easy on the Employer Portal. Request access by sending an email to: [hsagroup@optumbank.com](mailto:hsagroup@optumbank.com)

Company Name:

Policy Number:

Company Address:

Contact Name:

Date Mailed:

Check Number:

Contribution Year:

(Year in which contribution is to be applied)

Telephone Number:

	Employee Name	HSA Account Number (Preferred)	OR	Social Security Number	Pre-Tax Individual Contribution	Employer Contribution
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
Totals					\$0.00	\$0.00

NOTE: Any changes to this form will not be accepted.

Company Name:

Policy Number:

Company Address:

Contact Name:

Date Mailed:

Check Number:

Contribution Year:

(Year in which contribution is to be applied)

Telephone Number:

Employee Name	HSA Account Number (Preferred)	OR	Social Security Number	Pre-Tax Individual Contribution	Employer Contribution
---------------	--------------------------------------	----	---------------------------	------------------------------------	--------------------------

Total Enclosed:\$0.00

NOTE: Any changes to this form will not be accepted.