



## Personal information

Your name: \_\_\_\_\_  
First Last Middle initial

Your address: \_\_\_\_\_  
Street City State ZIP

Phone: (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Account holder Social Security number: \_\_\_\_\_

## Contributions

Contribution tax year: \_\_\_\_\_

Contributions for the prior year are accepted until April 15th of the current year. Funds will be applied to the tax year of the date on the attached check if no year is indicated.

### How would you like to deposit funds into your HSA?

Option 1: Check	Option 2: One time electronic funds transfer	Option 3: Recurring monthly electronic funds transfer
Include a check (payable to HealthEquity, Inc.) with this contribution form.  Mail to: CDH Administrator 15 West Scenic Pointe Drive, Suite 400 Draper, UT 84020	Fax this form and a voided check to: 801-727-1005  Amount of deposit: \$ _____ Financial institution: _____ City/State: _____ Account type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings Routing number: _____ Account number: _____	Fax this form and a voided check to: 801-727-1005  Monthly amount of deposit: \$ _____ Date of first transfer: _____ Financial institution: _____ City/State: _____ Account type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings Routing number: _____ Account number: _____

Contributions can also be made online through your Personal Desktop. Just log in to Member Secured Services at [bcbsm.com](http://bcbsm.com) and click the *HealthyBlue HSA/HRA/FSA* tab.

## Authorization

I hereby authorize the deposit of the amount stated above into my health savings account. I understand the eligibility requirements for the type of deposit I am making and I state that I do qualify to make the deposit.

### I assume complete responsibility for:

1. Determining that I am eligible for an HSA each year I make a contribution.
2. Ensuring that all contributions I make are within the limits set forth by the tax laws.
3. The tax consequences of any contribution (including rollover contributions) and distributions.

\_\_\_\_\_  
Account holder signature Date

HealthEquity, Inc. is an independent company partnering with Blue Cross Blue Shield of Michigan to provide health care spending account administration services. An independent and FDIC-insured bank holds the health savings account dollars.