Patelco CREDIT UNION

HEALTH SAVINGS ACCOUNT EMPLOYER CONTRIBUTION FORM

Employer/Company Information

Employer/Company's Name _____

Address _____

City _____ State _____ Zip _____

Employer Contact Name _____ Email Address _____

Federal ID Number _____ Phone Number _____ Fax Number _____

Contribution Information

Date Contribution Mailed _____ Contribution Amount $ _____

Contribution for Tax Year _____ Check Number _____

Would you like an email confirmation of this deposit? ☐ Yes ☐ No

Initial Contribution

To make an initial contribution and to open multiple Health Savings Accounts, complete the information below. Write the word "NEW" in the Account Number field. Mail this form, the enrollment material for each new account, and your check to **Patelco Credit Union, Attention: HSA Department #25, PO Box 8020, Pleasanton, CA 94588**.

For Overnight or Express deliveries, send to Patelco Credit Union, Attention: HSA Department #25, 3 Park Place, Dublin CA 94568.

If you are adding new employees to an existing group, write the word "NEW" in the Account Number field and include an application for the new employee.

For questions, please contact the HSA department at 800-358-8228 and enter extension 2525 or email us at HSAEmployerServicing@patelco.org.

Subsequent Contributions

To make contributions to existing Health Savings Accounts, complete the information below. (We will accept spreadsheets in a similar format.) Mail this form and your check for the total amount to **Patelco Credit Union, Attention: HSA Department #25, PO Box 2227, Merced, CA 95344**. *(Please print or type.)*

Employee Name	Social Security Number *(Required)*	Account Number	Initial Set-up Fee *(If applicable)*	Contribution Amount		
				Individual	Employer	Total

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Employee Name	Social Security Number *(Required)*	Account Number	Initial Set-up Fee *(If applicable)*	Contribution Amount		
				Individual	**Employer**	**Total**
		Subtotal				
					Total Amount Enclosed	

DISCLOSURE: Patelco shall not be liable to the employee for any losses, damages, costs, penalties, or expenses incurred as a result of the employee's failure to make the contributions to the employee's HSA required under the employer's health plan. Patelco is not responsible for monitoring the employer contributions to the employee's HSA or notifying the employee of the employer's contributions. The employee is responsible for contacting the employer regarding contributions and monitoring those contributions. Patelco provides monthly statements to the employee.

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