

Instructions: Complete and return to SelfcareHSA

- Include copy of your identification
- Send to SelfcareHSA either by uploading a photo through your mobile application, fax, or mail

Support@SelfcareHSA.com

Fax: 208-938-4556

SelfcareHSA, 660 E. Watertower St., Meridian ID 83642

Call: 1-866-HSA-SELF (866-472-7353)

Account Number				
Minimum of last 4 of account number				
Client Information				
First Name		Middle Initial		Last Name
Social Security Number			Date of Birth	
Home Phone		Cell Phone		Employer (if employer sponsored)
Address		City	State	Zip
Contribution Information (for prior year contributions be sure to notate the year on the check)				
Amount		Date		Tax Year
Contribution Type: <input type="checkbox"/> Regular <input type="checkbox"/> Rollover from an HSA <input type="checkbox"/> Transfer from an HSA <input type="checkbox"/> Contribution from an IRA <input type="checkbox"/> Rollover from an Archer MSA <input type="checkbox"/> Transfer from an Archer MSA <input type="checkbox"/> Return of Mistaken Distribution _ Original Distribution Date				
Signature				
I certify I am the HSA account holder, contributor or individual legally authorized to complete this form. I certify that this is an eligible HSA contribution and the accuracy of the information in this form. I confirm I am responsible for any consequences resulting from this contribution. I understand it is my obligation to determine contribution eligibility and limits. I understand that my designated representative, custodian or trustee cannot provide legal advice. I indemnify and agree to hold the custodian or trustee and their designated representatives harmless against any liability resulting from this contribution.				
Signature				Date