

## **HSA Employer Contribution Worksheet**

Choose One: Paid by Check Paid by ACH/Wire				
Company Name	Phone #			
Contact Person	Fax #			
Employee Name			ntribution Amount	
	Employer	Employee	TOTAL	

## Notes

1) For set-up of Electronic Funds Transfer (EFT, ACH, or Wire), please contact First HSA @ 888-769-8696 and speak to a customer service representative to assist with initial setup.

Total Contribution: \$ \_\_\_\_\_

- 2) All new employees must open an HSA account before making any contributions. Please contact First HSA @ 888-769-8696 and speak to a customer service respresentative to assist with enrollment.
- 3) Please indicate employees no longer making contributions by writing CLOSED or TERMED in the Contribution Amount column.

Contributions made by check mail to: First HSA, 2561 Bernville Rd Reading, PA 19605