AMERICAN FIDELITY
a different opinion

Reimbursement Services | P.O. Box 258886 | Oklahoma City, OK 73125
American Fidelity Assurance Company | 800-662-1113 | **Billing-HSA@americanfidelity.com**

Health Savings Account (HSA) Contribution Form

Make check payable to: American Fidelity - HSA
Mail check and completed form to: American Fidelity, P.O. Box 258886, Oklahoma City, OK 73125

You can monitor your transactions through your online account at **americanfidelity.com**

Accountholder Information

Name:	Social Security Number:
Address: (street, city, state, zip)	Date of Birth: (MM/DD/YYYY)
Employer Name:	
Daytime Phone: (with area code)	Email Address:

Contribution Information

Date of contribution: (MM/DD/YYYY) _____	Contribution amount: $_____	Contribution for tax year 20_____
Source of contribution: ☐ Individual ☐ Employer	Contribution type: ☐ Normal ☐ Catch-up contribution (ages 55 and over) ☐ Redeposit of mistaken distribution ($15.00 fee will be debited to your account.)	

Contributions for the prior tax year can be submitted up to the deadline for filing your federal income tax return, with no extensions.

Additional Information or Special Instructions

I certify that this is an eligible HSA contribution and that all information I provided is true and accurate. I further certify that no tax advice has been given to me by American Fidelity. I expressly assume responsibility for any adverse consequences arising from this contribution, and I agree that the Custodian shall not be held responsible. I understand it is my responsibility to contact my tax advisor or legal counsel when appropriate. Furthermore, I understand that I am responsible for all tax consequences associated with this contribution.

I understand deposits may not be available for immediate withdrawal until my financial institution confirms them.

Signature of Accountholder: _____ Date: _____

This form is used only to contribute to an existing HSA. If opening a new Health Savings Account, please get in touch with your employer for an Application and Custodial Agreement.