



Instructions: Use this form to make a Contribution. Complete this form and mail it to HSA Dept., P.O. Box 370, Hudson MA 01749. For assistance call 855.472.9399, or send an email to HSA@avidiahealthcaresolutions.com

HSA Account Owner's Name and Address:		HSA Trustee or Custodian's Name and Address:			
		Avidia Bank 42 Main St Hudson, MA 01749			

Social Security #	- -	Date of Birth (mm/dd/yyyy)	Home Phone
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HSA Account Number

Contribution Information:	
Contribution Amount	Contribution For Tax Year

Rules And Conditions Applicable To Contributions

Various types of contributions may be made to your Health Savings Account (HSA). Federal law limits the amount which may be contributed and the date by which such contributions may be made. By properly completing this form you are authorizing the Trustee or Custodian to accept the HSA contribution described on this form and you are certifying that you are eligible to make such contribution. HSA contribution rules are often complex. If you have any questions regarding a contribution, please seek a competent tax professional. An HSA allows for tax-deductible contributions and tax-free distributions if amounts are used for qualifying medical expenses.

The total amount you may contribute to an HSA for any taxable year cannot exceed the applicable limit for that year. In addition, if you are age 55 or older by the end of the taxable year, you are eligible to make additional catch-up contributions to your HSA for that year. Qualified HSA funding distributions taken from your IRA and directly deposited to your HSA are also reported as regular HSA contributions. Refer to IRS Publication 969, Health Savings Accounts and Other Tax-Favored Health Plans, for more information. This publication is available from your local IRS office, on the IRS Internet Website at www.irs.gov.

Special Instructions:	Signature:
Please return this completed form along with a check, money order, or draft payable to Avidia Bank and mail to: Avidia Bank P.O. Box 370, Hudson MA 01749	I certify that the deposit described above is eligible to be contributed to the HSA and I authorize the deposit/investment in the manner described above. I certify that all of the information provided by me is correct and may be relied upon by the Trustee or Custodian. _____ HSA Account Owner
	_____ Date



The balance in your HSA is insured by the Federal Deposit Insurance Corporation (FDIC), and subject to applicable deposit limits.

