



Employer HSA Contribution Form

For your convenience you may use this form or provide the necessary information on company letterhead. See reverse side for instructions.

Date: _____

Company name & address: _____

Contact name: _____

Telephone number: _____

E-mail address: _____

Contribution year: _____

Contribution period: _____

1	Employee name	SSN# (last four digits only)	HSA account number	Employer-funded contribution	Employee-funded contribution
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

Mail to: Interra Credit Union
 Attn: HSA
 PO Box 727
 Goshen, IN 46527

	Total	\$		\$
			Employer and employee contribution total	\$

Employer HSA Contribution Form Instruction Sheet

Employers may make contributions to their employees' Health Savings Accounts (HSAs) at Interra with a single lump-sum check. To make deposits on behalf of your employees' HSAs, please complete the form found on the reverse side. Please provide each employee's information and the amount of money that is to be deposited into each account. Send the check, made payable to "Interra Credit Union," along with the completed form to the address below.

Interra Credit Union
Attn: HSA
PO Box 727
Goshen, IN 46527

Please be sure to:

1. Provide the:
 - date
 - company name and address
 - company's contact person's name, phone number, and e-mail address
 - contribution year and period
2. Provide the necessary information for each employee:
 - first and last name
 - last four digits of his/her Social Security number
 - HSA account number
 - amount of the contributions
3. Indicate whether contributions are employer- or employee-funded.
4. Confirm that the total dollar amount of the contributions matches the check amount.
If the check and the contribution totals do not match, research may cause delays.

Each employee's account will normally be credited within one to two business days of receiving the check.

Employees may fund their HSAs at Interra through direct deposit. If you would like more information about this benefit for your employees, please contact a member service representative at any Interra office or e-mail hsa@interracu.com