



# Contribution/Deposit Form

Use this form to make a deposit to your health savings account (HSA).

045-0140 CO HA MCDH HSA

1 Account Holder information	
Name:	
Social Security Number:*	Group ID Number:
Address:	
City, State, Zip Code:	Daytime Telephone:

\*Not required if account number is provided below.

2 HSA Contribution information				
Account Number	Date of Contribution	Amount of Contribution	Source of Contribution	Contribution Tax Year
			Account Holder <sup>†</sup>	20 __

<sup>†</sup>If you are self-employed or would like to make an employer contribution, please use the Employer Portal or complete an Employer Contribution Worksheet, which is available online.

x

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please enclose check, made payable to Optum Bank**  
**By Mail: Optum Bank, P.O. Box 60099, Newark, NJ 07101-8052**  
**Deposits may not be available for immediate withdrawal**