

Everence HSA Contribution Form

For individual contributions



Make check payable to Everence FCU. Please send this form with your check to Everence HSA administration, P.O. Box 483, Goshen, IN 46527. For questions, call (800) 348-7468, ext. 2460.

Account owner name _____

Account number _____

Amount of contribution _____ Contribution is for the tax year* _____

**A contribution made to your Everence HSA between Jan. 1 and the tax return due date (usually April 15) may be treated either as a contribution for the current year or the preceding year. If you make a contribution during this time period, we will treat it as a contribution for the tax year it is received unless indicated otherwise.*

Signature
2101014

_____ Date

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