



## HEALTH SAVINGS ACCOUNT [HSA] CONTRIBUTION INSTRUCTIONS

### 1. HSA OWNER INFORMATION

| NAME, ADDRESS, CITY, STATE, AND ZIP                                                                                     |                        |               |                      |
|-------------------------------------------------------------------------------------------------------------------------|------------------------|---------------|----------------------|
|                                                                                                                         |                        |               |                      |
| HSA ACCOUNT (PLAN) NUMBER                                                                                               | SOCIAL SECURITY NUMBER | DATE OF BIRTH | DAYTIME PHONE NUMBER |
|                                                                                                                         |                        |               |                      |
| Type of Health Insurance Plan Coverage (select one): <input type="checkbox"/> Self-Only <input type="checkbox"/> Family |                        |               |                      |

### 2. CONTRIBUTION INFORMATION (See Additional Information included with this form.)

| INVESTMENT NUMBER                                                                                              | AMOUNT | CONTRIBUTION DATE | TAX YEAR |
|----------------------------------------------------------------------------------------------------------------|--------|-------------------|----------|
|                                                                                                                |        |                   |          |
| <b>CONTRIBUTION TYPE (SELECT ONE)</b>                                                                          |        |                   |          |
| <input type="checkbox"/> Regular                                                                               |        |                   |          |
| <input type="checkbox"/> Rollover from an HSA                                                                  |        |                   |          |
| <input type="checkbox"/> Transfer from an HSA                                                                  |        |                   |          |
| <input type="checkbox"/> Contribution from an IRA                                                              |        |                   |          |
| <input type="checkbox"/> Return of Mistaken Distribution                                                       |        |                   |          |
| <input type="checkbox"/> Catch-Up (age 55 or older and not enrolled in Medicare)                               |        |                   |          |
| <input type="checkbox"/> Rollover from an Archer Medical Savings Account                                       |        |                   |          |
| <input type="checkbox"/> Transfer from an Archer Medical Savings Account                                       |        |                   |          |
| <input type="checkbox"/> Rollover from a Health Reimbursement Arrangement/<br>Health Flexible Spending Account |        |                   |          |

### 3. SIGNATURES

I certify that this is an eligible HSA contribution. I certify that the information provided by me is accurate, and I instruct the custodian/trustee to complete my contribution as set forth herein. I have not received any tax or legal advice from the custodian/trustee. I assume sole responsibility for all tax consequences associated with my contributions, determining my eligibility, and ensuring that such contributions are in compliance. I will seek the advice of my tax or legal professional when appropriate. I hold the custodian/trustee harmless against any and all claims and situations arising from this contribution transaction.

\_\_\_\_\_  
Signature of HSA Owner/Contributor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Custodian/Trustee

\_\_\_\_\_  
Date



## ADDITIONAL INFORMATION

### PURPOSE

The Health Savings Account (HSA) Contribution Instructions form is used to document an HSA contribution transaction.

### ADDITIONAL DOCUMENTS.

Applicable law or policies of the HSA custodian/trustee may require additional documentation.

### FOR ADDITIONAL GUIDANCE.

It is in your best interest to seek the guidance of a tax or legal professional before completing this document. You should also reference the HSA agreement and disclosure statement and/or amendments provided by the custodian/trustee. For more information refer to the IRS's web site at [www.irs.gov](http://www.irs.gov).

### TERMS.

A general understanding of the following terms may be helpful in completing your transactions.

**Archer Medical Savings Account (MSA).** An Archer MSA is a tax-favored savings account designed to help you pay for qualified medical expenses if you are an employee of a small employer or a self-employed individual participating in a high-deductible health plan. Archer MSA assets may be rolled over or transferred to an HSA.

**Catch-Up Contributions.** Catch-up contributions are regular HSA contributions made in addition to any other regular HSA contributions. You are eligible to make catch-up contributions if you meet the eligibility requirements for regular contributions and are age 55 or older by the end of your taxable year and not enrolled in Medicare. As with the annual contribution limit, the catch-up contribution is generally computed on a monthly basis. However, you may be eligible to contribute the entire catch-up contribution amount even if you are not an eligible individual for the entire tax year using the same first day of the last month eligibility rules and testing period applicable to the annual contribution limit.

**Regular or Annual Contributions.** Contributions to your HSA by any means (e.g., point of sales credits) are considered regular contributions for the current year unless you provide us with instruction otherwise.

In general, the maximum annual contribution is the contribution limit based on high deductible health plan (HDHP) coverage as shown in the following chart:

| TAX YEAR       | HDHP COVERAGE | CONTRIBUTION LIMIT | CATCH-UP CONTRIBUTION LIMIT | TOTAL CONTRIBUTION LIMIT |
|----------------|---------------|--------------------|-----------------------------|--------------------------|
| 2026           | Self-Only     | \$4,400            | \$1,000                     | \$5,400                  |
|                | Family        | \$8,750            | \$1,000                     | \$9,750                  |
| 2027 and later | Self-Only     | \$4,500*           | \$1,000                     | \$5,500*                 |
|                | Family        | \$9,000*           | \$1,000                     | \$10,000*                |

\*Subject to annual cost-of-living adjustments, if any.

Your maximum annual contribution is generally determined by adding together your monthly contribution limits for the year. Your monthly contribution limit is determined on the first day of each month that you are an eligible individual. A monthly contribution limit is 1/12 of the annual contribution limit based on your health plan coverage (self-only or family) for such month.

However, your maximum annual contribution may be a greater amount if you are an eligible individual on the first day of the last month (December 1 for calendar-year taxpayers). If so, you are treated as an eligible individual for all months of the tax year and you may contribute up to such tax year's annual contribution limit based on your HDHP coverage (self-only or family) on December 1 (for calendar-year taxpayers).

If your maximum contribution amount determined under this method is greater than your monthly-determined maximum, and you contribute the greater amount, a testing period applies. The testing period for this provision begins with the last month of the contribution year and ends on the last day of the 12th month following such month (December 31 for calendar-year taxpayers). If you do not continue to be an eligible individual for the entire testing period, unless you die or become disabled, the difference between your monthly-determined maximum and the amount you contributed is includable in your gross income for the year of failure and is subject to a 10 percent penalty tax. For example, if you are an eligible individual and enroll in self-only HDHP coverage on January 1 but change to family HDHP coverage on November 1 and retain family HDHP coverage through December 31 of the same year, you may be able to contribute up to the full annual contribution limit for family coverage (plus catch-up if you are eligible) because it is greater than the sum of the monthly contribution limits (10/12 of the self-only annual limit plus 2/12 of the family limit).

If you are an eligible individual, you may elect to take a qualified HSA funding distribution from your IRA (not including ongoing SEP and SIMPLE IRAs) to the extent such distribution is contributed to your HSA in a direct trustee-to-trustee transfer. This amount is aggregated with all other annual contributions and is subject to your annual contribution limit. The contribution is made for the tax year of the distribution. A qualified HSA funding distribution election is irrevocable and is generally available once in your lifetime. A testing period applies. The testing period for this provision begins with the month of the contribution to your HSA and ends on the last day of the 12th month following such month. If you are not an eligible individual for the entire testing period, unless you die or become disabled, the amount of the contribution made under this provision will be includable in gross income for the tax year of the month you are not an eligible individual, and is subject to a 10 percent penalty tax.

If you have more than one HSA, the aggregate annual contributions to all the HSAs are subject to the contribution limit. This limit is decreased by the aggregate contributions to an Archer Medical Savings Account (MSA). The same annual contribution limit applies whether the contributions are made by you, your employer, your family members, or any other person (including nonindividuals). Contributions may be made on your behalf even if you have no compensation or if the contributions exceed your compensation.

**Rollover from an Archer MSA.** Rollovers from an Archer MSA to an HSA are permitted according to the same rules as HSA-to-HSA distributions and rollovers. However, HSA assets cannot be rolled over to an Archer MSA.

**Rollover from an HSA.** You are limited to one rollover per 1-year (12-month) period. You may only roll over one HSA distribution per 1-year period aggregated between all of your HSAs. For example, if you have HSA 1, HSA 2, and HSA 3, and take a distribution from HSA 1 and roll it over into a new HSA 4, you will have to wait 1 year from the date of that distribution to take another distribution from any of your HSAs and subsequently roll it over into an HSA.

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