AVIDIA HEALTH

HSA - Individual Contribution Form

Instructions: Use this form to make a Contribution. Complete this form and mail it to Avidia Bank, P.O. Box 370, Hudson MA 01749. For assistance call 855.248.6311, or send an email to HSAinfo@avidiabank.com.

Account Holder's Personal Information:

First Name		MI		Last Name	
Street Address				Apt #	
City		State		Zip	
Social Security #	- -	Daytime Phone #			
Email Address					
Avidia Bank Account #					
Contribution Amount:			Contribution 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.

Mailing Instructions:

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

Signature:

I certify that the deposit described above is eligible to be contributed to the HSA and I authorize the deposit 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.

X_____ _____
Account Holder's Signature Date

Rev. 12/2019

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