



# Small Group Business Employer HSA Contribution Form Instruction Sheet

## INSTRUCTIONS:

Employers may make contributions to their employees' HSA accounts by sending in one lump sum check. (Only one check should be submitted with this form.)

Simply complete this form with your employees' information and the amount of money that should be deposited in each account. Then send a printed copy of the form, along with your check, to the address below. Please make the check payable to "Aetna HealthFund HSA".

Send Form and Check to: **Aetna HealthFund HSA**  
**23127 Network Place**  
**Chicago, IL 60673**

Please be sure to:

1. Provide a Date, Company Name, Contact Name and Contact Telephone Number.
2. Provide full information for each employee (Last Name, First Name, Middle Initial, Social Security Number identified as ID Number on Contribution Form, and Amount of Contribution).
3. Confirm that the total dollar amount of the employee contributions matches the check amount. If the check and the employee contribution total amount do not match, research will cause delays or return of check.
4. Please detach this Instruction Sheet from the Contribution Form before mailing.

Initial funding of an employee's HSA account should be submitted 10 days after the effective date of the HSA-Compatible High Deductible Health Plan.

Each employee's account will normally be credited within 3-4 business days after the form and check are received.

**Note:** Please do not submit any other correspondence along with your form and check. If you also collect payroll deductions for your employees to be deposited to their HSA accounts, please submit a separate check and Employer HSA Contribution Form for those deposits.



# Small Group Business Employer HSA Contribution Form

Send Form and Check to: Aetna HealthFund HSA  
23127 Network Place  
Chicago, IL 60673

Date (Month/Day/Year)

Company Name

Contact Name

Contact Telephone Number  
( )

Client Account Number  
**8000002348870**

Control Number  
**619901**

Last Name	First Name	Middle Initial	ID Number	Contribution Amount
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				

Total Number Of Contributions	Total Amount of Contributions
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Last Name	First Name	Middle Initial	ID Number	Contribution Amount
26.				
27.				
28.				
29.				
30.				
31.				
32.				
33.				
34.				
35.				
36.				
37.				
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41.				
42.				
43.				
44.				
45.				
46.				
47.				
48.				
49.				
50.				
			Grand Total <b>Number</b> Of Contributions (Add totals from page 1)	Grand Total <b>Amount</b> of Contributions (Add totals from page 1)