

# Everence HSA Group Contributions



For employer

Use this form to make deposits to your employees' HSAs. Mail the completed form with your contribution check payable to Everence® Federal Credit Union. This helps ensure that your funds are credited properly.

Employer name \_\_\_\_\_ Employer I.D. number \_\_\_\_\_  
 Employer contact \_\_\_\_\_ Phone number \_\_\_\_\_  
 Contribution is for the tax year\* \_\_\_\_\_

HSA account owner name	HSA account number**	Contribution
<b>Total deposit</b>		

**Please make check payable to Everence FCU.** Mail this form with your check to Everence HSA administration, 2160 Lincoln Highway E., Suite 20, Lancaster, PA, 17602. For questions, call 800-451-5719.

\_\_\_\_\_  
 Employer representative signature Date

*\*A contribution made to Everence HSAs between Jan. 1 and the tax return due date (usually April 15) may be treated either as a contribution for the current tax year or the preceding year. Contributions received between Jan. 1 and April 15 will be treated as contributions for the current tax year unless you indicate they are for the preceding tax year.*  
*\*\*Due to privacy restrictions, account numbers must be obtained from your new employees after they receive their account information.*

**Everence Federal Credit Union**  
 2160 Lincoln Highway E., Ste. 20  
 Lancaster, PA 17602-1150  
 everence.com

Toll-free: 800-451-5719  
 F: 717-735-8331  
 infocu@everence.com