



# EMPLOYER CONTRIBUTION FORM

**Initial Deposit** – To make an initial deposit (minimum \$50.00 per account) to open multiple Health Savings Accounts, complete the information below. Write the word “NEW” in the “Account Number” field. Mail this form, the enrollment material for each new account, and your check to **MSA Bank™**, 211 N. Wisconsin Dr., Howards Grove, WI 53083-1118.

**Subsequent Deposits** – To make a deposit to multiple existing Health or Medical Savings Accounts, complete the information below. (We will accept spread sheets in a similar format.) The account number should be obtained from the account holder. Mail this form and your check to **MSA Bank**, 211 N. Wisconsin Dr., Howards Grove, WI 53083-1118.

Enclose a check made payable to **MSA Bank** for the amount of the total deposit. PLEASE PRINT NEATLY OR TYPE.

<b>Company Name:</b>		<b>Date Deposit Mailed:</b>
<b>Company Address:</b>		<b>Check Number:</b>
<b>Telephone Number:</b>		<b>Fax Number:</b>
<b>Attention:</b>	<b>Contribution Year</b>	<b>Bank Use Only: EGN #:</b>

	Employee Name	Social Security Number (Required)	Account Number (8-digits, optional)	Initial Set-up Fee (if applicable)	Deposit Amount (contribution less set-up fee)	
					Individual	Employer
S	Doe, John	xxx-xx-xxxx	xxxxxxxx	\$xx.xx	\$xx.xx	\$xx.xx
1						
2						
3						
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14						
15						
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17						
18						
19						
20						
<b>Subtotal for Page 1</b>						

	Employee Name	Social Security Number (Required)	Account Number (8-digits, optional)	Initial Set-up Fee (if applicable)	Deposit Amount (contribution less set-up fee)	
					Individual	Employer
21						
22						
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46						
47						
48						
49						
50						
<b>Subtotal Page 2</b>						
<b>Subtotal Page 1</b>						
<b>Total for Page 1 and Page 2</b>						
<b>Total Deposit Amount (Total Set-up fees + Total Deposits)</b>						

Account numbers are optional. If you choose to use the account numbers, you will need the employee’s written authorization on file due to privacy regulations.

You may want to consider using **On-Demand Transfer** to send recurring contributions, for either *Employer-funded* contributions or *Employee-funded contributions* (payroll deductions).

**Disclosure:**

**MSA Bank** shall not be liable to the employee for any losses, damages, costs, penalties, or expenses incurred as a result of the employee’s failure to make the contributions to the employee’s MSA required under the employer’s health plan. **MSA Bank** is not responsible for monitoring the employer contributions to the employee’s MSA or notifying the employee of the employer’s contributions. The employee is responsible for contacting the employer regarding contributions and monitoring those contributions. **MSA Bank** provides monthly statements to the employee.