First HSA

First HSA Employer Contribution Worksheet

Choose One: _____ Paid by Check _____ Paid by ACH/Wire

Company Name	
Contact Person	
Phone #	
Fax #	

Employee Name	**Contribution Amount**		
	Employer	**Employee**	**TOTAL**
	$ -	$ -	$ -
	$ -	$ -	$ -
	$ -	$ -	$ -
	$ -	$ -	$ -
	$ -	$ -	$ -
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	$ -	$ -	$ -
	$ -	$ -	$ -
	$ -	$ -	$ -
	Total Contribution:		$ -

Notes:

1) For set-up of Electronic Funds Transfer (EFT, ACH, or Wire), please contact First HSA @ 888-769-8696 and speak to a customer service representative to assist with initial setup.

2) All new employees must open an HSA account before making any contributions. Please contact First HSA @ 888-769-8696 and speak to a customer service respresentative to assist with enrollment.

3) Please indicate employees no longer making contributions by writing CLOSED or TERMED in the Contribution Amount column.

Contributions made by check mail to: **First HSA, 2561 Bernville Rd Reading, PA 19605**