



## HSA CONTRIBUTION / DEPOSIT SLIP

### Account Holder Information

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Be sure to include your HSA account number on your check.

Make payable to Beneliance & Mail to:

TAX YEAR TO APPLY \_\_\_\_\_ (Required)

CHECK \_\_\_\_\_ \$ \_\_\_\_\_, \_\_\_\_\_.

- Pre-Tax
- Return of Withdrawal
- Post Tax

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Beneliance**  
**P.O. Box 55068**  
**Little Rock, AR 72215**



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