

## **HSA CONTRIBUTION / DEPOSIT SLIP**

Account Holder Information	TAX YEAR TO APPLY	(Required)
Name:	CHECK	\$,
Social Security Number:		
Account Number:	☐ Pre-Tax☐ Return of Withdrawal☐ Post Tax☐ Post Tax☐ Post Tax☐ ☐ Post Tax☐	DATE: / /
Be sure to include your HSA account number on your check.		
Make payable to Beneliance & Mail to:	Beneliance P.O. Box 55068 Little Rock, AR 72215	
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HSA CONTRIBUTION	-	
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