



EMPLOYER CONTRIBUTION FORM
For Employee Health Savings

Date: _____

Company Name: _____ Contact Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Contribution Information

Unless noted, all contributions will be considered as a Current Year Employer Contribution

	<u>Employee Name</u>	<u>Account #</u>	<u>Employer Contribution</u>	<u>Employee Contribution</u>	<u>Tax Year</u>
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
	Total Contributions				

Please forward this completed contribution form with your check for the total contribution amount to:

Itasca Bank & Trust Co.
Attn: Customer Service
308 W Irving Park Rd.
Itasca, IL 60143-2193

If you have any questions regarding employer HSA contributions, please contact our Customer Service Manager at (630)773-0350.