



127 South Main St, Cambridge—www.cambridgestatebank.com— 763.689.2500—Member FDIC

Health Savings Account CONTRIBUTION

HSA ACCOUNT NAME & ADDRESS SECTION

HSA ACCOUNT #

NAME:

SOCIAL SECURITY #

ADDRESS:

DATE OF BIRTH:

CITY/STATE/ZIP:

DAYTIME TELEPHONE:

CONTRIBUTION INFORMATION

General Contribution Information

Account Number: _____

Amount: \$ _____

Contribution Date: _____

Tax Year: _____

CONTRIBUTION TYPE

(SELECT ONE)

- Regular
- Catch-up (age 55 or older and not enrolled in Medicare)
- Rollover from a Health Savings Account
- Rollover from an Archer Medical Savings Account
- Transfer from a Health Savings Account
- Transfer from an Archer Medical Savings Account

CONTRIBUTION RELATIONSHIP

(SELECT ONE)

Contributor Relationship to HSA Owner: HSA Owner Employer Family Member Other: _____

SIGNATURES

I certify that this is an eligible HSA contribution. I certify that the information provided by me is accurate, and I instruct the custodian to complete my contribution as set forth herein. I have not received any tax or legal advice from the custodian/trustee. I assume sole responsibility for all tax consequences associated with my contributions, determining my eligibility, and ensuring that such contributions are in compliance. I will seek the advice of my tax or legal professional when appropriate. I hold the custodian harmless against any and all claims and situations arising from this contribution transaction.

Signature of HSA Account Owner _____

Date _____

Signature of Custodian _____

Date _____

The maximum annual contribution to an HSA is the sum of the limits determined separately for each month, based on status, eligibility, and health plan coverage as of the first day of the month. For calendar year 2004, the maximum monthly contribution for eligible individuals with self-only coverage under a high deductible health plan (HDHP) is 1/12 of the lesser of 100 percent of the annual deductible under the HDHP (minimum of \$1,000) but not more than \$2,600. For eligible individuals with family coverage under an HDHP, the maximum monthly contribution is 1/12 of the lesser of 100 percent of the annual deductible under the HDHP (minimum of \$2,000) but not more than \$5,150. These amounts are subject to cost of living adjustments.

Catch-up Contributions.

Catch up contributions are HSA contributions made in addition to any regular HSA contributions. You are eligible to make catch-up contributions if you meet the eligibility requirements for regular contributions and are age 55 or older by the end of your taxable year and not enrolled in Medicare. As with the annual contribution limit, the catch-up contribution is computed on a monthly basis. The chart that follows shows these additional amounts.

TAX YEAR	CATCH-UP AMOUNT
2004	\$500.00
2005	\$600.00
2006	\$700.00
2007	\$800.00
2008	\$900
2009 AND AFTER	\$1,000.00