FIRST HORIZON
MSAVER

EMPLOYER CONTRIBUTION FORM

Note: Please do not include new employee contributions on this form. New Employee contributions require the enrollment form(s) along with a separate check be mailed to First Horizon Msaver to the address at the top of that form.

Employer Name: _____ Contact Name: _____
Phone number:_____ Email Address: _____

Make check payable to ***First Horizon Msaver***
Mail check and Employer Contribution Form to:
HSA Processing Center
PO Box 26106
Shawnee Mission, Ks 66225

EMPLOYEE NAME	ACCOUNT NUMBER	CONTRIBUTION AMOUNT TAX YEAR:		
		Employer	Employee Pre-tax *Section 125 plan only*	Individual
Subtotal				
Grand Total				