



HEALTH SAVINGS ACCOUNT EMPLOYER CONTRIBUTION / INVESTMENT WORKSHEET

Choose One: Employer Funded
or Both Employee Funded

Enclose a check payable to Exante Bank for the amount of the total deposit.

Initial Deposit To open multiple Health Savings Accounts, complete the information below. Mail this form and a check to: Exante Bank, Member FDIC, and P.O. BOX 271629, SALT LAKE CITY UT 84127-1629.

Subsequent Deposits- To make additional deposits to HSA's complete the information required below. The account number should be obtained from the account holder(s). Mail this form and a check to: Exante Bank, Member FDIC, P.O. BOX 271629, and SALT LAKE CITY UT 84127-1629.

Please Print:

Company Name:	Date Deposit Mailed:
Company Address:	Check Number:
Telephone Number:	Fax Number:
Company Contact:	Contribution Year:

HSA Employee / Account Information (add sheets as necessary)

	Employee Name	Social Security Number (Required)	HSA Account Number	Initial Set up Fee (if applicable)	Deposit Amount Individual Employee	Deposit Amount Employer
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

	Employee Name	Social Security Number (Required)	HSA Account Number*	Initial Set up Fee (if applicable)	Deposit Amount Individual Employee	Deposit Amount Employer
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						

Total Set Up Fee Amount	
Total Deposit Amount	
Total Enclosed	

Disclosure:

Exante Bank: Shall not be liable to the employee for any losses, damages, costs, penalties, or expenses incurred as a result of the employer's failure to make contributions to the employee's Health Savings Account. Exante Bank is not responsible for monitoring the employer contributions to the employee's Health Savings Account or notifying the employee of the employer's contributions.

Exante Bank provides monthly statements to the employee on the Exante Bank web site.

The HSA is not an employee welfare benefit plan governed by the Employee Retirement Income Security Act (ERISA), even if it is offered through or contributed to by an employer.

**Exante Bank, Member FDIC P.O. Box 271629, Salt Lake City, UT 84127-1629
Customer Service 1-800-791-9361
Fax 801-947-7711**