

HEALTH SAVINGS ACCOUNT (HSA) CONTRIBUTION REQUEST

Voya Benefits Company, LLC
A member of the Voya® family of companies
Customer Service: PO Box 929, Manchester, NH 03105
Phone: 833-232-4673; Fax: 855-370-0670; Email: voyasupport@voya.benstrat.com



Health Account Solutions, including Health Savings Accounts, Flexible Spending Accounts, Commuter Benefits, Health Reimbursement Arrangements, and COBRA Administration offered by Voya Benefits Company, LLC (in New York, doing business as Voya BC, LLC). HSA custodial services provided by WEX Inc. For all other products, administration services provided in part by WEX Health, Inc.

STEP 1: HSA ACCOUNT HOLDER INFORMATION

Consumer Name (Required) (First) _____ (Last) _____

Employer Name (If sponsored by an employer plan.) (Required) _____

Birth Date (mm/dd/yyyy) (Required) _____ Social Security Number (SSN) (Required) (Last 4 digits only.) _____

Daytime Phone (Required) (_____) _____ Email _____

Permanent Address (Required) _____

City _____ State _____ ZIP _____

STEP 2: CONTRIBUTION INFORMATION

Contribution Amount (Required) \$ _____ Contribution for Tax Year (Required) _____

Contribution Type (Required) (Select one.): Normal Catch-Up Rollover Mistaken Distribution

Make check payable to: Voya Financial HSA Administrator for (your name).

You must mail the check with the completed Health Savings Account Contributions Request to:

Voya Financial, PO Box 929, Manchester, NH 03105.

Include only one check with each Contribution Request.

STEP 3: CONSUMER AUTHORIZATION

I certify that I am the HSA account holder or an individual authorized to execute this transaction. I have read and understand the instructions and any rules or conditions relating to and have met the requirements for making this transaction. I assume full responsibility for this transaction and will not hold Voya Financial liable for any adverse consequences that may result. I have not received tax or legal advice from Voya Financial and, if necessary, will seek the advice of a tax or legal professional to ensure my compliance with related laws. All information provided by me is true and correct and may be relied upon by Voya Financial. If I have chosen rollover as the contribution type, I make an irrevocable election to treat this transaction as such.

 Consumer Signature (Required) _____ Date (Required) _____

Questions? Call Customer Service at 833-232-4673 (Live customer support 24x7).

RULES AND CONDITIONS APPLICABLE TO CONTRIBUTIONS

General Information	<p>Any contributions received will be deposited in the cash account. Funds above the minimum threshold will automatically be swept into an interest-bearing account once the amount above the threshold reaches \$100. You can set investment allocations for the mutual fund investments through your account login.</p> <p>The IRS allows HSA account holders to make contributions for the previous tax year through your normal tax-filing deadline (not including extensions), which is typically April 15th of the current year.</p>
Contribution Type	<p>Normal See IRS publication 969 available at http://www.irs.gov/pub/irs-pdf/p969.pdf for annual contribution limits.</p> <p>Catch-Up If you are 55 years of age or older during the calendar year, you may make an additional “catch up” contribution of up to \$1000.</p> <p>Transfer A transfer is a direct trustee-to-trustee transfer of funds. If there are non-cash assets, describe on a separate page and attach to this form. Include for each asset the asset description, quantity of that asset in the HSA, quantity of that asset to be transferred, and whether to liquidate immediately, at maturity or transfer in kind.</p> <p>Rollover A rollover is a way to move funds from one HSA to another HSA. By properly completing this form you are certifying to the Trustee or Custodian that you have satisfied the rules and conditions applicable to your rollover and that you are making an irrevocable election to treat the transaction as a rollover. The rollover only includes funds distributed from either an HSA, Archer Medical Savings Account, or an IRA established in your name.</p> <p>The funds you receive from the distributing HSA must be deposited into another HSA within 60 days after you receive them. When counting the 60 days, include weekends and holidays. Receipt generally means the day you actually have the funds in hand. For example, the 60 days would begin on the day following the day you pick up the check from the Trustee or Custodian or you receive the check in the mail.</p> <p>IRS Notice 2004-50, Q & A 55 indicates that only one rollover contribution may be made to an HSA during a one-year period. Twelve (12) months must pass after receipt of one rollover distribution before you may take another rollover distribution from the same HSA.</p> <p>Mistaken Distribution According to IRS Notice 2004-50, an HSA Custodian or Trustee may allow the return of mistaken distributions. The Custodian or Trustee may rely on the Account Owner’s representation that the distribution was, in fact, a mistake.</p>
Signatures	<p>Your signature is required to certify that the information you have provided is true and correct and that you are aware of all the circumstances affecting this HSA contribution. It also certifies that you are eligible to participate in an HSA. Generally speaking, to be eligible, you must be covered by a high-deductible health plan (HDHP) and not covered by any other health plan that is not an HDHP, not entitled to Medicare benefits, and may not be claimed as a dependent on another person’s tax return.</p>

For more information about HSAs, see the free IRS Publication 969, Health Savings Accounts and Other Tax-Favored Health Plans (available from the IRS website at www.irs.gov) or consult your tax advisor.