



800-914-3248

American Health Value

Your Health Savings Account Experts

Deposit Form

Please Use This Form When Mailing Deposits

This Box for Office Use Only

ID: _____ Chk#: _____ Amt: _____ Type: _____

Account Holder Name: _____

Account #: _____

Amount of Deposit: \$ _____

Apply to Calendar Year: _____

Deposits received between January 1 and April 15 can be applied to either the current year or the previous year – all other deposits are applied to the current year only.

Employer: _____

(If your employer provides the HSA Qualified Insurance)

Check the appropriate item to designate type of deposit:

____ Contribution

____ **Rollover** - Rollover must be done with 60 days of receipt of funds. If you are not sending the original rollover check, please provide documentation of when it was received (copy of check or other paperwork received with the check that provides a date and shows the dollar amount).

____ Refund from provider

____ Return funds withdrawn in error

____ Other (explain): _____

Mail Completed Form To:

American Health Value

P.O. Box 8063

Boise, ID 83707

For further assistance, call one of our HSA Specialists!

American Health Value

800-914-3248

info@AmericanHealthValue.com

www.AmericanHealthValue.com