

Health Savings Account (HSA) Contribution Form

Use this form to deposit funds into your HSA. Any contributions received will be deposited into a cash account. If you would like to have funds transferred into an interest bearing account (\$1,000 cash account minimum), you must opt in and set a threshold amount. You can set investment allocations for mutual fund investments through your online account.

*=Required Fields

Step 1: Participant Information

*Employer Name (Do not abbreviate)

*Participant Name (First, MI, Last)

*Day Telephone

*Social Security Number

Updates to your demographic information can be made by logging in to your online account at benefit-info.com/iu.

Step 2: Contribution Information

See Page 2 for Rules and Conditions Applicable to Contributions.

*Contribution Amount

*Tax Year (Note: If a year is not specified, your contribution will be posted for the year in which it is received.)

*Contribution Type

Normal

Catch-Up

Rollover

Mistaken Distribution

Please make checks payable to WEX Health, Inc. You must mail the check with the completed Health Savings Account Contribution Form to: IU HSA/FSA, PO Box 2905, Fargo, ND 58108-2905. Please include only one check with each Contribution Form.

Step 3: Participant Authorization for Normal, Catch-Up, Rollover and Mistaken Distribution Contributions

I assume full responsibility for this transaction and will not hold WEX Health, Inc. liable for any adverse consequences that may result. I have not received tax or legal advice from WEX Health, Inc. and, if necessary, will seek the advice of a tax or legal professional to ensure my compliance with related laws. All information provided above is true and correct and may be relied upon by WEX Health, Inc.

If I have chosen rollover as my contribution type, I make an irrevocable election to treat this transaction as such.

*HSA Account Holder Signature

*Date

Health Savings Account (HSA) Contribution Form, continued

Rules and Conditions Applicable to Contributions

General Information	<p>Any contributions received will be deposited in the cash account. If you have opted in and set an investment threshold amount, funds will be transferred into a default interest bearing account or to your investment allocations set by you, 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 participants to make contributions for the previous tax year through your normal tax-filing deadline (not including extensions), which is April 15th of the current year (unless April 15th falls on a weekend, in which case the deadline would be the next business day).</p>
Contribution Type	<p>Normal Contribution</p> <p>2024 Maximum Contribution Limits Single: \$4,150 Family: \$8,300</p> <p>2025 Maximum Contribution Limits Single: \$4,300 Family: \$8,550</p> <p>Catch-Up</p> <p>If you are 55 years of age or older during the calendar year, you may make an additional catch-up contribution of up to \$1,000.</p> <p>Rollover</p> <p>A rollover is a way to move funds from one HSA to another HSA. The Internal Revenue Code limits how many rollovers may be taken, how quickly rollovers must be completed and how the Trustee or Custodian must report the transaction. 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.</p> <p>For an HSA rollover to be eligible, the following statements must be true:</p> <ul style="list-style-type: none">• <u>Timeliness – 60 Days</u><ul style="list-style-type: none">• More than 60 days have not elapsed since you received the distribution from the distributing HSA.• <u>Twelve Month Restriction</u><ul style="list-style-type: none">• You have not received any other distributions from the distributing HSA during the preceding 12 months which you also rolled over.• The assets involved in this transaction have not been previously rolled over from one HSA to another within the past 12 months.• You have not made a rollover contribution to the HSA during the preceding 12 months.• <u>Eligible Plan</u><ul style="list-style-type: none">• The rollover deposit does not consist of funds other than those distributed from either an HSA or IRA. <p><u>Timeliness:</u> 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><u>Twelve Month Restriction:</u> 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 months must pass after receipt of one rollover distribution before you may take another rollover distribution from the same HSA.</p> <p>Mistaken Distribution</p> <p>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.