

Please complete this form and return it, with a check, by mail. You can also make a contribution to your Omnify HSA on our Omnify portal. **Enclose a check made payable to Union Bank & Trust in the amount specified below and include your HSA's account number on your check.**



**Mail completed form and check to:**

P.O. Box 82518  
Lincoln, NE 68501-2518



**Questions about this form?**

Call 844.472.6567

**Section 1: Account information**

ACCOUNT NUMBER

LAST NAME

FIRST NAME

MIDDLE INITIAL

EMPLOYER NAME

LAST 4 DIGITS OF SOCIAL SECURITY NUMBER

EMAIL ADDRESS

TELEPHONE NUMBER

**Section 2: Contribution information**

\$

CONTRIBUTION AMOUNT

Regular Contribution:  Current Year  Prior Year (Prior year contributions may be made between January 1 – April 15)

Rollover from an HSA or Archer MSA

A rollover from an HSA or Archer MSA must meet the following requirements:

1. Funds must be deposited into the HSA within 60 days after you receive the assets.
2. Only one rollover contribution may be made to an HSA during a one-year period. Twelve months must pass after an HSA rollover contribution before you are eligible to perform another HSA rollover contribution.

Return of Mistaken Distribution:  Current Year  Prior Year (deadline April 15th of the following year)

\$

ORIGINAL AMOUNT OF DISTRIBUTION

DATE OF ORIGINAL DISTRIBUTION

Indicate reason for returning distribution:

Reimbursement/refund received due to overpayment  A distribution was made in error.

**Section 3: Signature**

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 Union Bank & Trust liable for any adverse consequences that may result. I have not received tax or legal advice from Union Bank & Trust 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 Union Bank & Trust.

SIGNATURE OF HSA ACCOUNT OWNER

DATE