



Health Savings Account Generic Deposit Slip For Account holders ONLY

Account holder Name: _____

Address: _____

City, State and ZIP: _____

Account Number: 9 5 0 0

		BenefitWallet	
		HSA DEPOSIT TICKET	
CHECKS	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
DATE: _____			
MAIL TO: BenefitWallet P.O. Box 535416 Pittsburgh, PA 15253			
		TOTAL DEPOSIT	
Please check if this is a: <input type="checkbox"/> Roll-over deposit <input type="checkbox"/> Prior year deposit <input type="checkbox"/> Return of incorrect distribution			

Indicate above if deposit is (1) rollover deposit; (2) prior year deposit; (3) return of incorrect distribution. You may also indicate deposit is both (a) prior year deposit; and (b) return of incorrect distribution.

Indicate below if the deposit is

remittance for negative account balance

Mail payment and Deposit Slip to:

Mail

BenefitWallet
PO Box 535161
Pittsburgh, PA 15253-5161

Courier/Overnight

HSA Operations
500 Ross Street Suite 154-0510
Pittsburgh, PA 15262-0001

Make checks payable to: The Bank of New York Mellon