



Health Savings Account Generic Deposit Slip For Account Holders ONLY

Account Holder Name: _____

Address: _____

City, State and ZIP: _____

Account Number: 9 5 0 0

HSA DEPOSIT TICKET		
CHECKS		
TOTAL DEPOSIT		

DATE: _____

MAIL TO: **BenefitWallet**
P.O. Box 535161
Pittsburgh, PA 15253-5161

BenefitWallet

Please check if this is a: Current year deposit
 Prior year deposit
 Roll-over deposit
 Return of incorrect distribution

Indicate above if deposit is (1) current year deposit; (2) prior year deposit; (3) roll-over deposit; (4) 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