

## KEREON HSA EMPLOYER CONTRIBUTION WORKSHEET

**Employer Information (Please Print)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

**Deposit Information**

Check #: \_\_\_\_\_

Amount: \$ \_\_\_\_\_, \_\_\_\_\_. \_\_\_\_

Payroll Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

MAKE CHECK PAYABLE: US Bank

MAIL TO: Kereon HSA, Inc., 13700 Watertower Circle, Ste. D, Plymouth, MN 55441

	Employee Name	Social Security Number	( A ) Employer Contribution	( B ) Employee Pre-Tax Contribution	( C ) Employee Post-Tax Contribution	( A+ B + C ) Total Contribution
1			\$	\$	\$	\$
2			\$	\$	\$	\$
3			\$	\$	\$	\$
4			\$	\$	\$	\$
5			\$	\$	\$	\$
6			\$	\$	\$	\$
7			\$	\$	\$	\$
8			\$	\$	\$	\$
9			\$	\$	\$	\$
10			\$	\$	\$	\$
11			\$	\$	\$	\$
12			\$	\$	\$	\$
13			\$	\$	\$	\$
14			\$	\$	\$	\$
15			\$	\$	\$	\$
16			\$	\$	\$	\$
17			\$	\$	\$	\$
18			\$	\$	\$	\$
19			\$	\$	\$	\$
20			\$	\$	\$	\$
			<b>Total Contribution: \$</b>			

The Plan Service Provider (PSP), shown above, is not responsible for contributions that are listed on this report that do not accurately reflect the individual employee's payroll. HSA contributions will be made to the accounts as indicated on this report. It is the responsibility of the employee to monitor the contributions made on their behalf by their employer by reviewing the monthly statements or by checking their account transactions.

I, the undersigned, am an authorized representative of the employer and submit this information as accurate to the best of my knowledge.

X: \_\_\_\_\_

Date: \_\_\_\_\_

**Attn: Additional sheets are required for groups larger than 20 employees.**

**Please label each sheet as: Page \_\_\_\_ of \_\_\_\_**