



EMPLOYER CONTRIBUTION REMITTANCE State Farm Bank® Health Savings Account

This form is used by an employer to submit contributions by Check or ACH to a Health Savings Account (HSA). You may make copies of this form prior to completing.

IF YOU ARE A SELF EMPLOYED PERSON DO NOT USE THIS FORM FOR YOUR OWN PERSONAL CONTRIBUTIONS.

If you have any questions or need additional information before completing this form, please call State Farm Bank at 877-734-2265.

1. Employer Information				
Employer Name: _____				
Employer Contact Name: _____			Daytime Telephone Number: _____	
2. Contribution Information (This information replaces any previously submitted.)				
*ACH Systematic A - Add C - Change D - Delete				
	Employee Name**	Account Number	Social Security Number	Amount
_____	_____	_____	_____	\$ _____
*This space is only applicable if you choose Systematic ACH - (Pay Option B).				
**If the employee is a new Participant, an Application completed by the new Participant must be submitted with this form.				
3. Pay Option				
A. Contribution by Check				
<input type="radio"/> Make checks payable to State Farm Bank. You must submit all employee information each time a contribution by check is made.				
Indicate tax year for the contribution. If not marked it will be reported as a Current Year contribution.				
<input type="radio"/> Current Year				
<input type="radio"/> Prior Year - All Prior Year elections are irrevocable and must be post marked by the tax filing deadline, which is generally April 15th.				
B. Contribution by ACH - not available for Prior Year contributions				
EFT allows you to submit contributions to your Employee's HSA through electronic transfer of funds from your bank account. This form should be used only for recurring transfers into the HSA after the Employee's account is established. An ACH cannot be utilized to fund the initial deposit of the account or for a one-time contribution.				
<input type="radio"/> ACH - Systematic contributions at selected frequency. This systematic contribution will remain in effect until changed or revoked by you. Indicate frequency and complete section C for Banking Information.				
I would like this transfer to occur (frequency) _____				
If the requested transfer occurs on a weekend or holiday, the transfer will be processed on the next business day. This systematic contribution will be made according to the information provided in Section 2. You must re-submit all employee information when any changes are made to Section 2.				

C. Banking Information

Please complete the following information if you have selected Contribution by ACH above. This allows you to have money electronically transferred from your checking account. Your financial institution may charge a fee for electronic transfers.

Bank Name: _____

Routing Number (9 Digits): _____ Account Number: _____

Sub Account Number (if applicable): _____

4. Signature

Employer hereby agrees to indemnify and hold harmless State Farm Bank, State Farm Mutual Automobile Insurance Company, their affiliated companies, subsidiaries, assigns, employees and agents from and against any and all claims, demands, liabilities, charges, expenses, or losses of whatever kind or nature which in any way arise out of or are in any way connected with this State Farm Bank contribution.

Employer Signature

Date

Please retain a copy for your records.

Mail completed form and Check (if applicable) to:

**State Farm Bank, F.S.B.
Bank Operations Center
P.O. Box 2316
Bloomington, IL 61702-2316**