

Instructions:

**Note: Please, make sure all fields are accurately completed. This ensures accurate funding to an employee's account
Please, complete each field in its entirety.**

Contact person:	Individual completing the form
Phone:	Working telephone number for person completing form should questions arise.
Email:	Email for person completing form should questions arise.
Month:	Month contributions are for
Group Name and Assn. #:	Name of the Diocese and the four digit number assigned to the diocese.
Payer Name (Diocese, Parish, Institution):	Who is submitting the payments
Street Address:	Address of payor
City, State Zip:	Address of payor
Employee Last Name	Employee Last Name
Employee First Name	Employee First Name
HDHP Plan (CIGNA / Empire)	which plan employee is enrolled in
Social Security Number	SSN provided by SSA
Contribution Year	Tax year funding to be applied to.
Employee Contribution	Total amount of Employee contribution
Employer Contribution	Total amount of Employer contribution
Total Contribution	= employee contribution + employer contributions

The remittance form must reflect the amount of the check. Please do not provide additional information on the remittance form. If you need to communicate additional information please do so via email at hsacoordinator@cpq.org
Failure to complete as noted above will hinder funding an employee's account.

VERY IMPORTANT: Health Savings Accounts are individually owned custodial accounts established by written agreement (i.e., the Deposit Agreement & Disclosure Statement) between the account holder and the bank. Other than guidance issued by the Internal Revenue Service, employers have no rights to access HSA contributions once those funds have posted to the individual's HSA.