Employee Contribution Worksheet

LIBERTY HEALTH BANK
WEALTH+HEALTH
2323 Stickney Point Rd.
Sarasota, FL 34231

Company/Employer Name: _____

Employee Name	Acct # (Bank will complete)	Employee Deferral Amount	Employer Contribution Amount	Total
	Total			

To open new employee HSA accounts, please submit a new HSA Application for each employee.

Notes:

1. **Add/Remove Employees.** You need to inform us of new employees, terminated employees, and changes in allocation amounts each month.
2. **New Spreadsheet for each contribution.** For subsequent contributions by check, please include this spreadsheet with each check to provide the correct allocations.
3. **Current Year Contributions.** All contributions will default to current year contributions.
4. **Employer Responsible for Accuracy.** You, the employer, are responsible for the accuracy of this sheet. You authorize us to allocate the contribution according to the list above. Your (Employer) payment indicates acceptance of this allocation. Please review this list carefully, you are responsible for this allocation and agree to hold the financial insitution harmless for allocating the amount as directed above. You further agree that we may charge you for our time to correct mistakes you make. IRS rules limit our ability to return mistaken contributions to the employer, the contributions generally must be returned to the employee.

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