

# HSA Early Contribution Request Form

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

Employee #: \_\_\_\_\_

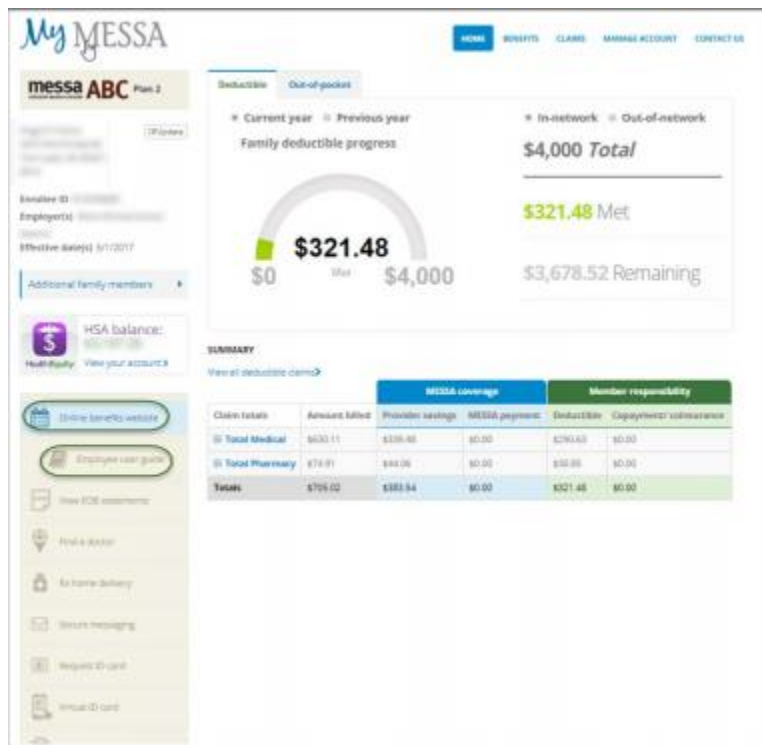
I am requesting an early HSA contribution from Midland Public Schools to use towards Medical expenses incurred this year. My deductible has reached more than \$525.00 for single/ \$1,050.00 for family.

Documentation is required. See below for an example of acceptable documentation.

Instructions:

Go to [www.messa.org](http://www.messa.org), log in or register. Take a screen shot of the home page OR print off the home page.

Home page



For website assistance you can call 800-336-0013, or see Kim Wood (989-923-5067) in the business office.

Signature: \_\_\_\_\_

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