

HSA Early Contribution Request Form

Name: _____

Employee #: _____

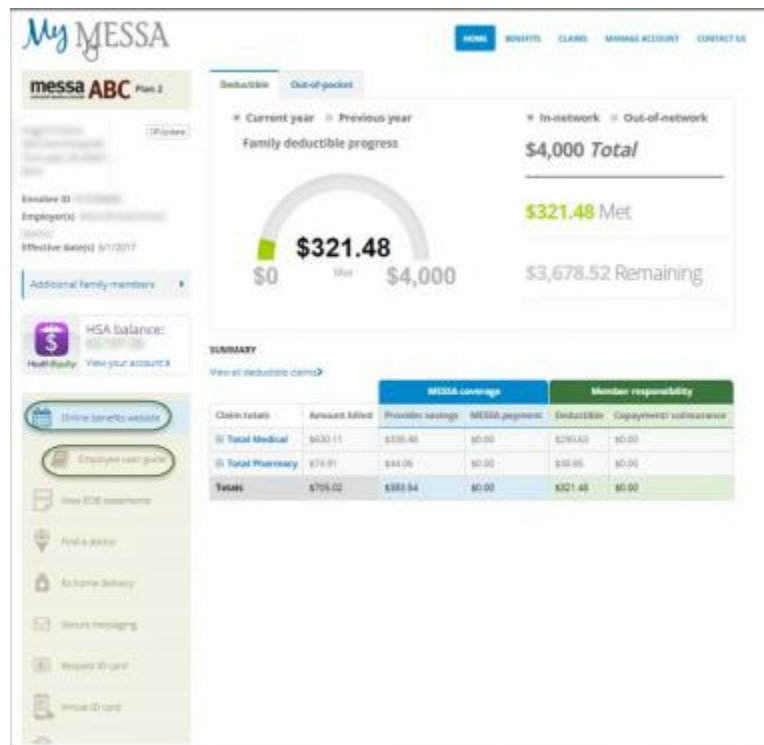
I am requesting an early HSA contribution from Midland Public Schools to use towards Medical expenses incurred this year. My deductible has reached more than \$700.00 for single/ \$1,400.00 for family.

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

Instructions:

Go to 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: _____