

Western Area School Health Benefit Plan
HSA Deposit Transmittal Form

Employer Information			
<i>Employer Name</i>			
<i>Address (street)</i>	<i>(city)</i>	<i>(state)</i>	<i>(ZIP)</i>
<i>Bookkeeper/Insurance Representative</i>		<i>Phone</i>	

Employee Information		
<i>Employee Name (last, first, middle initial)</i>	<i>Social Security Number</i>	<i>Amount</i> \$
<i>Employee Name (last, first, middle initial)</i>	<i>Social Security Number</i>	<i>Amount</i> \$
<i>Employee Name (last, first, middle initial)</i>	<i>Social Security Number</i>	<i>Amount</i> \$
<i>Employee Name (last, first, middle initial)</i>	<i>Social Security Number</i>	<i>Amount</i> \$
<i>Employee Name (last, first, middle initial)</i>	<i>Social Security Number</i>	<i>Amount</i> \$
<i>Employee Name (last, first, middle initial)</i>	<i>Social Security Number</i>	<i>Amount</i> \$

Total Amount of Deposit \$ _____

Send this form and check to the Bank along with the school/agency's monthly premium payment.

Mailing address:

MidAmerica National Bank
PO Box 1300
130 North Side Square
Macomb, IL 61455

If you have any questions, please contact a personal banker at MidAmerica National Bank at (309) 833-4111.