



Horizon Blue Cross Blue Shield of New Jersey

Three Penn Plaza East
Newark, NJ 07105-2200
www.HorizonBlue.com

CONFIRMATION OF HSA FUNDING

_____ MELLON INTEGRATED HSA PRODUCT
(Funding set up thru Horizon Blue Cross Blue Shield of New Jersey)

_____ COMPATIBLE HSA PRODUCT
(Funding may be set up by client's Personal banking)

Signing of this form reflects agreement to funding selected for one year and must be adhered to. This **cannot be changed until the following renewal.

Agreed to funding checked off above by:

_____ Date: _____
Group Administrator

Name of Group

_____ Date: _____
Witnessed by Broker

An Independent Licensee of the
Blue Cross and Blue Shield Association.