Group Contributions for Health Savings Accounts (HSAs)

GroupCare and Congregational Employee Plan

You are responsible to make deposits to your employees' accounts. We do **not** bill you for them, nor require them to be paid by a specific date. However, we do encourage you to calculate and contribute each month because your employees can only withdraw what has been deposited in their accounts.

Always mail a completed contribution form with your HSA contribution check (separate from your health insurance premium payment). This helps ensure that your funds are credited properly. We will send you a report confirming your contribution, along with a new form and return envelope for your next contribution.

Group name _____

Group agreement number _____

Deposit is for the period _____ to _____

Primary account holder	Single or family	Contribution		
		Employer	Employee	Total
	Total deposit			

Please make check payable to MMA Insurance Company.

Mail this form with your check to:
FlexChoice/HSA
MMA
P.O. Box 483
Goshen, IN 46527
Toll-free (800) 348-7468, Ext. 785

MMA®

MMA Insurance Company
Post Office Box 483
Goshen IN 46527

Toll-free: (800) 348-7468
Telephone: (574) 533-9511
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