

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient Name]
[Company/Organization Name]
[Address]
[City, State, Zip Code]

Dear [Recipient Name],

I am writing to submit my Health Savings Account (HSA) contribution for the year [Year]. Please find attached the necessary documentation and contribution form for your review.

As an [Your Job Title/Position] at [Your Company/Organization], I am committed to managing my healthcare expenses effectively, and contributing to my HSA is an essential part of that strategy.

The details of my contribution are as follows:

- Contribution Amount: [\$Amount]
- HSA Account Number: [Account Number]
- Submission Method: [e.g., Check, Direct Deposit]

I appreciate your assistance in processing this contribution in a timely manner. Should you require any additional information or documentation, please feel free to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Name]
[Your Job Title/Position]
[Your Company/Organization]