

# Health Savings Account (HSA) Contribution Form

ACCOUNT OWNER'S NAME (PLEASE PRINT)	LAST 4 CHARACTERS OF SOCIAL SECURITY NUMBER
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**UMB Health Savings Account Number** (Enter your 17-digit number found on your HSA statement - if available)

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**As owner of the Health Savings Account as identified above, I hereby request that the custodian take the following action:**  
(Please select one action below and submit a separate check and form for each contribution type)

**Deposit – Regular Contribution** (Please select one and submit a separate check and form for each contribution type)

I am making an account contribution/deposit in the amount of \$ \_\_\_\_\_

- |  |                          |   |   |
|--|--------------------------|---|---|
| <input type="checkbox"/> <b>Current Tax Year</b>         | <b>Contribution Type</b> | <input type="checkbox"/> Employee (Tran Code 200) | <input type="checkbox"/> Employer (Tran Code 202) |
| <input type="checkbox"/> <b>Prior Tax Year</b>           | <b>Contribution Type</b> | <input type="checkbox"/> Employee (Tran Code 201) | <input type="checkbox"/> Employer (Tran Code 203) |
| <input type="checkbox"/> <b>Catch Up</b> (Tran Code 206) |                          |   |   |

(You can have your contribution deposited under the prior plan year if your contribution is received between Jan 1 and tax filing deadline, generally April 15, and you have not completed your tax filing for the year.) All prior year contributions must be postmarked by the tax filing deadline.

If you are 55 or older, you can make “catch-up” contributions, meaning you can deposit an additional \$1,000 per year.

**NOTE: annual contribution limits apply. Please reference IRS Document 969 for the allowable limit on contributions that apply.**

**Redeposit – Return of Mistaken Distribution** (money spent from my HSA in error) (Tran Code 204, 205)

I am making a redeposit in the amount of \$ \_\_\_\_\_ related to a mistaken distribution from my account.

**NOTE: Funds redeposited will post in calendar year the redeposit occurs.**

By signing the bottom of page 2 of this form, I affirm that this deposit, in the amount stated above, is repayment of a mistaken distribution as defined by the IRS with no penalty if there is reasonable evidence that the original distribution was made in good faith (resulting from a mistake of fact due to reasonable cause). The repayment is classified as a “redeposit”, not a contribution; therefore it would not count toward the yearly maximum contribution. I understand UMB is not required to accept the mistaken distribution and I am responsible for any tax consequence that may result from the distribution.

I understand that a distribution reversal or redeposit must be deposited by the tax-filing deadline, excluding extensions, for the year in which the original distribution occurred (usually tax filing deadline is April 15 of the following year). This redeposit will decrease the amount of distributions reported by UMB.

- |   |   |   |
|---|---|---|
| <b>Tax Year:</b> (Select one)                                 | <b>Reason for Redeposit:</b> (Please select one box below)                            |   |
| <input type="checkbox"/> Current Tax Year<br>(Trans Code 204) | <input type="checkbox"/> I received reimbursement for the expense from another source | <input type="checkbox"/> A claim/distribution was overpaid            |
| <input type="checkbox"/> Prior Tax Year<br>(Trans Code 205)   | <input type="checkbox"/> My claim was reprocessed and I had a bill adjustment         | <input type="checkbox"/> I paid an expense that was not HSA qualified |

**Rollover Contribution – Rollover from another HSA** (Tran Code 207)

I am making a rollover contribution in the amount of \$ \_\_\_\_\_. I understand that I can rollover amounts from other HSAs into an HSA. I must roll over the amount within 60 days after the date of receipt. I can make only one rollover contribution to an HSA during a 1-year period. A rollover contribution is not included in my income, is not deductible, and does not affect my contribution limit.

**NOTE: If you instruct the trustee of your HSA to transfer funds directly to UMB, the transfer is not considered a rollover. Use a “Transfer to UMB from Other Trustee Form” for this purpose, not this form.**

Please make checks payable to you and include your UMB HSA account number in the memo line on the check.

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I further understand that it is my sole responsibility to determine the tax consequences of such contribution, rollover or redeposit, to properly report it on my federal income tax return and on Form 8889 for HSA, as well as on any state income tax returns, and to pay any taxes and penalties arising as a result of this action (see IRS Publication 969, *Health Savings Accounts and Other Tax-Favored Health Plans*).

ADDRESS		CITY		STATE	ZIP CODE
HOME PHONE NUMBER	WORK PHONE NUMBER	DATE OF BIRTH	EMAIL ADDRESS		
<b>Signature of Account Owner</b>	<b>X</b>			<b>Date</b>	

**Please make checks payable to you and include your UMB HSA account number in the memo line on the check.**

**Return completed form to: UMB Bank Contributions  
 PO Box 874264  
 Kansas City, MO 64187-4264**

UMB Bank Routing Number: 101000695