(R 06/12)

Follow these steps to complete the form online.

Step 1. Enter the Accountholder's name.

Step 2. Enter the check contribution amount.

Step 3. Check the type of contribution.

If you are making a personal contribution for the current tax year, you are not required to check any of the contribution type boxes. Proceed to Step 4.

Prior Year Contribution – You may select to have your contribution deposited under the prior plan year if your contribution falls between Jan 1 and Apr 15th and you have not paid this year's taxes.

Employer Contribution – Any amount contributed by your employer.

Re-Deposit Amount– Adding money mistakenly withdrawn from your HSA back into the account.

Rollover or Transfer Contribution – Contribution of money moved from another MSA or HSA.

Step 4: Enter Your Health Savings Account number.

Step 5: Print slips and separate on the dotted line.

Step 6: Mail to UMB HSA Processing P.O. Box 219531 Kansas City, MO 64121-9531

HSA CONTRIBUTION COUPON

USE ONLY BLACK OR BLUE INK.

Accountholder's Name: _____

Please Enter Check Amount Enclosed: ☐☐☐☐☐.☐☐

Please Remit to:
UMB HSA Processing
P.O. Box 219531
Kansas City, MO 64121-9531

If applicable, place an X in ONE of these boxes: USE ONLY BLACK OR BLUE INK.

1 Prior Year ☐ 2 Employer ☐ 3 Re-Deposit ☐ 4 Rollover ☐

Account Number: ☐☐☐☐☐☐☐☐☐☐

HSA CONTRIBUTION COUPON

USE ONLY BLACK OR BLUE INK.

Accountholder's Name: _____

Please Enter Check Amount Enclosed: ☐☐☐☐☐.☐☐

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UMB HSA Processing
P.O. Box 219531
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If applicable, place an X in ONE of these boxes: USE ONLY BLACK OR BLUE INK.

1 Prior Year ☐ 2 Employer ☐ 3 Re-Deposit ☐ 4 Rollover ☐

Account Number: ☐☐☐☐☐☐☐☐☐☐

HSA CONTRIBUTION COUPON

USE ONLY BLACK OR BLUE INK.

Account holder's Name: _____

Please Enter Check Amount Enclosed: ☐☐☐☐☐.☐☐

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If applicable, place an X in ONE of these boxes: USE ONLY BLACK OR BLUE INK.

1 Prior Year ☐ 2 Employer ☐ 3 Re-Deposit ☐ 4 Rollover ☐

Account Number: ☐☐☐☐☐☐☐☐☐☐