



## Health Savings Account (HSA) or Medical Savings Account (MSA) Contribution Form

ACCOUNT OWNER'S NAME (PLEASE PRINT)

LAST 4 CHARACTERS OF SOCIAL SECURITY NUMBER

**UMB Health Savings Account Number** (17-digit number found on your HSA statement)

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**As owner of the Health Savings Account/Medical 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 \$ \_\_\_\_\_

☐ **Current Tax Year**    **Contribution Type**    ☐ Employee (Tran Code 200)    ☐ Employer (Tran Code 202)

☐ **Prior Tax Year**    **Contribution Type**    ☐ Employee (Tran Code 201)    ☐ Employer (Tran Code 203)

☐ **Catch Up** (Tran Code 206)

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

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

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

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

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 April 15 of the following year). This redeposit will decrease the amount of distributions reported by UMB.

**Tax Year:** (Select one)    **Reason for Redeposit:** (Please select one box below)

☐ Current Tax Year  
(Trans Code 204)

☐ I received reimbursement for the expense  
from another source

☐ A claim/distribution was overpaid

☐ Prior Tax Year  
(Trans Code 205)

☐ My claim was reprocessed and I had  
a bill adjustment

☐ I paid an expense that was not HSA/MSA  
qualified

☐ **Rollover Contribution—Rollover from another HSA or MSA** (Tran Code 207)

I am making a rollover contribution in the amount of \$ \_\_\_\_\_. I understand that I can rollover amounts from Archer MSAs and 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/MSA 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/MSA 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 ensure you write your HSA account number on your check!**

Health Savings Account (HSA) or Medical Savings Account (MSA)

# Contribution Form

**UMB Health Savings Account Number**  
(17-digit number found on your HSA statement)

7	2	5	7	5	2	7										
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I further understand that it is my sole responsibility to determine the tax consequences of such contribution, rollover or re-deposit, to properly report it on my federal income tax return and on Form 8889 for HSA or Form 8853 for MSA accounts, 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	
Signature of Account Owner		X			Date

Please ensure you write your HSA account number on your check!

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