

UMB BANK HEALTH SAVINGS ACCOUNT

Payroll Election Form

Revised 4/2009

Name: Last, First, Middle Initial

SSN

Today's Date

Street Address

DOB

City

State

Zip Code

For Associates electing an UMB Bank Health Savings Account for the **FIRST time:**
Complete this form to establish your first contribution.* This will be reflected in Payroll as soon as administratively possible.

You will receive account information from UMB Bank in the mail.
This will include your UMB Bank Account Number. **

When you establish your payroll deferral, you may also choose to record the total amount you wish to contribute for the year, by recording an Annual Goal Amount.

Per Pay Period Deferral: _____ Effective Date for this election _____

Annual Goal Amount: _____ (optional)

Change to your current per paycheck election: You may change your current payroll deduction once per month. This change will be reflected in Payroll as soon as administratively possible.

UMB Bank Account Number: _____ Per Pay Period Deferral: _____

Annual Goal Amount: _____ (optional) Effective Date for this election _____

Stop the per paycheck election: You may stop your current payroll deduction at any time. This change will be reflected in Payroll as soon as administratively possible.

UMB Bank Account Number: _____ Per Pay Period Deferral: _____

I want to stop my current payroll deduction effective on this date: _____

Please read, sign and date this form:

I authorize the pre-tax reduction of my salary, or the discontinuation of my pre-tax reduction of my salary, on a per paycheck basis as designated above. I understand that this election takes the place of any current elections in force on my HSA deferral.

I understand that any withdrawals/distributions made from my HSA for health care expenses incurred prior to the establishment of my HSA or for other non-qualified types of expenses will be **taxable** and may be subject to additional penalties in accordance with IRS regulations. I further understand that it is solely my responsibility to report these withdrawals/distributions to the IRS.

Signature: _____

Signature Date: _____

**Please Read
Important Information:**

**Eligibility for a Health Savings Account is based on when you are enrolled in a Qualified High Deductible health plan and have no other medical coverage (ex: Medicare, Tricare, Medical Flexible Spending Accounts, etc.) Determining eligibility is your obligation. Do not submit this form until you are eligible to contribute to an HSA.*

***Read any information you receive from UMB Bank carefully. Opening an UMB Bank account is an agreement you are making with the bank.*

There are fees associated with this account that are the responsibility of the accountholder. You may elect to make after-tax contributions to your account but this is not required. Your first payroll deduction, established by completing and submitting this form, can be your first contribution to the account.

If eligible for the HSA, the maximum contribution you may make to your HSA is \$3,000/individual coverage and \$5,950 if have a family coverage for 2009. The maximum contribution is allowed regardless of when you are eligible for, or open, the Health Savings Account.

Catch up contributions are allowed for individual's age 55 (or who turn age 55 during the calendar year, regardless of your actual birth date) and older. You may make the maximum catch up contributions regardless of when you are eligible for, or open, the HSA. Catch up contributions are limited to a maximum of \$1,000 for 2009.

Since your contribution limits may be specific to your circumstances, we recommend you contact a Tax Advisor to verify your limits. As an accountholder you may contribute to your health savings accounts through gifts and other after tax contributions. You should consider the total of other contributions to your account before electing an Annual Goal Amount. Refunds from UMB Bank are the responsibility of the participant and may include fees.