

Employer Contribution Form

Employee Enrollment List for Employer-Sponsored HSAs

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

Please complete this form by providing Employee's name, the UMB HSA bank account number, and the amount of the contribution. Your employee can provide the UMB HSA banks account number which is on the welcome letter they received after their account was opened or on the monthly bank statement. The bank account number is 10 digits in length. Social security number is **not** a valid substitute for the HSA bank account number.

Please complete and remit this form with a check to the address above each time you are making employer contributions to you employee's HSA administered by (name of Partner). These employer contributions should be applied for the tax year 20_____. (Prior year deposits are only available through the following April 15. If no year is indicated, the deposit will be applied to the current tax year as of the date of receipt.)

Name of Employer		Key Contact Name		Key Contact Phone #	
No.	Name of Employee	Account Number	Employee Contribution	Employer Contribution	Total Contribution
	John Q. Public (sample)	9800000000	50.00	50.00	100.00
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					