

# Employer HSA Contribution Check & List Form

## Employee enrollment list for employer-sponsored HSAs



**Please complete and return this form with a check made payable to UMB to the address below.**

The check amount should equal the grand total at the bottom of the page. Employers with more than 10 employees should complete multiple copies of this form and the grand totals from all of the contribution forms should equal the check amount. Once UMB receives your list and check, please allow one day for funds to be applied to individual accounts.

### Delivery options:

Regular mail delivery:  
UMB HSAs Processing  
PO Box 219490  
Kansas City, MO 64121-9490

Overnight or express for delivery tracking:  
UMB Bank  
Attn: Lock Box  
1008 Oak Street  
Kansas City, MO 64106

Delays may occur if you send a "Check & List" via regular mail to the overnight delivery address. Only send overnight or express items to this address.

**Use this form each time you send contributions to your employees' HSA(s) administered by Humana.**

These contributions apply to the tax year 20\_\_.

**Questions?** If you have questions, please call UMB at 1-866-520-4472.

When you call, please mention that your question concerns a "list and post" account.

Date: \_\_\_\_\_ Check number: \_\_\_\_\_ Check amount: \_\_\_\_\_

Name of employer \_\_\_\_\_

Key contact name \_\_\_\_\_

Key contact phone number \_\_\_\_\_

SAMPLE	No.	Employee name	Account number	Employee contribution	Employer contribution	Total contribution
	1	John Q Public	9800000000	\$50	\$25	\$75

No.	Employee name	Account number	Employee contribution	Employer contribution	Total contribution
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
Grand total					

Prior year deposits are only allowed through the tax filing date of the next year. If no year is indicated, we'll apply the deposit to the current year as of the date we receive it.