Health Savings Account (HSA)
2021 Payroll Deduction Authorization

Not Effective until January 15, 2021 payroll processing

Employee Name: _____

UMB Bank HSA #: _____
(not needed if you are changing an existing HSA contribution)

Company: ("Employer")
☐ FCI ☐ MTC Holding ☐ MTC
☐ PTG ☐ TSS ☐ TTS

Complete this form to establish or change contributions to your HSA via payroll deduction:

☐ Deduct from my pay $_____ each paycheck for deposit to my HSA.

Remember the employer contributes toward your maximum each month, as shown below ($116.67 for individuals, $233.33 for families). A contribution of **$91.66** each payroll in 2021 will max out for individual limits ($133.33 including catch-up, if eligible). A contribution of **$183.33** each payroll in 2021 will max out for family limits ($225.00 including catch-up, if eligible). If the amount listed above is higher, you are at risk of over-contributing and could have tax consequences. Please contact HR with questions.

☐ Change my existing deduction/deposit per pay period from $_____ to $_____.

☐ Cancel my deduction/deposit.

High Deductible Plan Coverage	**2021 Contribution Limit** (total of employer, employee and other contributions)	**Catch-Up Contribution** (if turning 55 or above in 2021)
Individual	**$3,600** (employer contributes $116.67 per month or $1,400 for the year, which counts toward the limit)	$1,000
Family	**$7,200** (employer contributes $233.33 per month or $2,800 for the year, which counts toward the limit)	$1,000

I authorize my Employer to deduct from my payroll on a pre-tax basis (unless prohibited) and deposit to my HSA at UMB Bank as instructed above. I understand that the above instructions will be in effect until I provide written instructions to change or stop the deduction. **I further understand that it is my sole responsibility to monitor the HSA contributions made to my account to ensure that I have not exceeded the contribution limits as established by the IRS.**

I warrant that I am covered under a high deductible health plan (HDHP), I am not covered by any other health plan that is not an HDHP, I am not enrolled in Medicare, and I am not a dependent on another person's tax return. I understand it is my responsibility to notify Human Resources and UMB Bank of any change in my status that may affect my HSA.

In the event of an administrative error, I authorize my Employer to make corrections to my HSA and/or paycheck as necessary.

Employee Signature: _____ **Date:** _____

I understand the deduction will be taken on a pre-tax basis unless I am in a class of employees for which pre-tax deductions are prohibited. HSA deductions/changes will go into effect as soon as administratively feasible once this HSA Authorization form is received by Payroll or Human Resources.