



Health Savings Account (HSA)

# Authorization to Reverse Employer Contribution

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

**PLEASE READ:** Page 1 (Sections A-D) must be completed by **both** the employer and the employee/HSA owner from whose account the HSA contribution is being reversed. Due to the confidential nature of the information pertaining to other HSA accountholders in section E, **only the employer** should access and complete Page 2 (Sections E-F.).

**Sections A-D: To be completed by employee/account owner**

### Section A: Employer Information

Employer Name		
Address		
City	State	ZIP
Representative Name	Title	
Business Phone: (and extension)		
Email		

### Section B: Employee/Account Owner Information

Employee/Account Owner First Name	MI	Last Name
Social Security Number (required)		

### Section C: HSA Contribution to be Reversed

Original Deposit Date: (mm/dd/yyyy)
Amount to be DEBITED from the Health Savings Account identified at top of page 1:
<b>Note: There must be sufficient funds in this account in order for UMB to process this request</b>
Additional Comments:

### Section D: Signature of Employee/Account Owner

By signing at the bottom of page 1, I understand that by completing this form, the contribution(s) will be reversed from my account if the account has a sufficient balance, and that they will not be included on tax reports or reported to the IRS as a distribution if the error occurred this year. (All prior year contributions must be corrected by April 15 of the following year.)

**Signature of Employee/Account Owner**

**Date** (mm/dd/yyyy)

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**REMINDER!** Due to the confidential nature of the information pertaining to other HSA accountholders in section E, only the employer should access and complete Sections E-F.

**Sections E-F: To be completed by employer**

**Section E: Method of Reversal (choose one)**

Reverse the HSA contribution referenced in Section C using the method chosen below.

**Note: There must be sufficient funds available in the HSA identified in Section B in order for UMB to complete this request.**

**A representative will contact the employer's representative specified in Section A of this form if UMB has any questions about the request.**

<input type="checkbox"/>	<b>Return the funds to the employer by check.</b>	Date: (mm/dd/yyyy)
<i>Note: Check will be made payable to the employer and mailed to the employer's contact at the address identified in Section A. Payment by check will result in a \$15 processing fee.</i>		

<input type="checkbox"/>	<b>Return the funds to the employer electronically</b> via ACH to the following bank account:
Name on the Account:	Financial Institution Name:
ABA Routing Number:	Account Number:

<input type="checkbox"/>	<b>Transfer the funds to the account of the following Employee/Account Owner:</b>
Employee/Account Owner Name:	HSA Number (required):

**Section F: Signature of Employer's Authorized Representative \*Required**

As indicated above, I ask UMB Bank to reverse our employer contribution to an employee's HSA. I understand and take complete responsibility and assume any and all liability for this reversal.

<b>Signature of Employer's Authorized Representative</b>		<b>Date</b> (mm/dd/yyyy)
<b>X</b>		
Print Name	Title	

**Return completed form to: UMB Bank, n.a.  
 Mailstop 1020502 — HCS Department  
 P.O. Box 419226  
 Kansas City, MO 64141-6226**

**Or Fax to: 816.843.2247**

**Or Email scanned format to: HSA.administration@umb.com**

UMB Bank Use Only	
Date Received: (mm/dd/yyyy)	
Date Reversal Processed:	
Processed by:	
Tran code: 1197	GL: