

University of Missouri System

COLUMBIA | KANSAS CITY | ROLLA | ST. LOUIS

2024 Health Savings Account Enrollment/Change Form

Plan Year: January 1, 2024, through December 31, 2024

Employee Last Name	Employee First Name	MI	Employee ID	
Residential Street Address (Not P.O. Box)	City	State	Zip Code	Campus Phone

This form is for individuals who have enrolled in the Healthy Savings Plan, a qualified high-deductible health plan. Enrolling in a Health Savings Account (HSA) through the university signs you up for a group HSA with Optum Bank.

Qualifications for Enrollment

To open a Health Savings Account you must meet the following criteria:

- You must be covered by a qualified high-deductible health plan (UM Healthy Savings Plan), on the first day of the month.
- You cannot be covered by another health plan, including any part of Medicare (if you are 65 or older and drawing Social Security, you are automatically enrolled in Medicare which will disqualify you).
- You cannot be claimed as a dependent on another individual's tax return.
- You, or your spouse through his or her employer, cannot be enrolled in a general purpose healthcare flexible spending account (FSA).

If you were enrolled in an FSA for 2023, you must have a zero balance in your FSA prior to January 1, 2024, for 2024 HSA contributions to start in January 2024. Otherwise, contributions cannot be made until April 2024.

HSA Contribution Election	Pay Cycle <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly
<input type="checkbox"/> HSA - Employer (UM) Contribution Only	I do not want to contribute to my HSA, I only want to receive the UM Contribution.
<input type="checkbox"/> NEW Enrollment (HSA Pre-tax Contribution)	I elect to enroll in an ANNUAL PLEDGE of \$_____. I understand my Annual Pledge amount will be divided equally over the remaining number of paychecks in the current calendar year.
<input type="checkbox"/> CHANGE in Enrollment (HSA Pre-tax Contribution)	Current ANNUAL Election \$_____ (View myHR > Benefits Summary for your current Annual Election). New ANNUAL Election \$_____ (New Annual Election cannot be less than your YTD contributions). Your pay period deduction will be your new Annual Election minus your year-to-date payroll contributions (if any) divided by the remaining number of paychecks in the current calendar year.
<input type="checkbox"/> ONE-TIME LUMP SUM (HSA Pre-tax Contribution)	I elect to contribute the one-time lump sum amount of \$_____ * which will replace any previous election I have made. *Will occur on the next pay period available for processing. If I wish to continue contributions beyond this one-time lump sum, I understand I will need to complete another election form including this lump sum and any other contributions previously made during the current calendar year in my new annual election amount.
<input type="checkbox"/> STOP Contributions	I wish to remain enrolled in the plan but do not want to make further payroll contributions at this time.
<input type="checkbox"/> CANCEL Enrollment	I am not eligible for this plan, or I no longer wish to be enrolled.

Authorization and Certification

By signing below, I appoint University of Missouri (“Employer”) as my agent for the purpose of opening and administering/maintaining an Optum Bank, Inc. (“Bank”) Health Savings Account (“HSA”) on my behalf and authorize Employer to send and receive information to and from the Bank on my behalf (including account number) in order to accomplish this purpose. I authorize the Bank to make any inquiries that it considers appropriate to determine if it should open and maintain my HSA, and I acknowledge that I have received the Bank’s USA PATRIOT Act Notice provided below:

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver’s license or other identifying documents.

I certify that I am eligible to contribute to an HSA under Internal Revenue Code Section 223. I authorize and direct the Bank to issue a Debit MasterCard® to me. I certify that I have received the Bank’s statement of the hardware and software requirements for access to and retention of electronic records and that I have the ability to access the Bank’s website where electronic statements and other documentation are stored. I instruct the Bank, unless otherwise notified and instructed by me, to provide the Custodial and Deposit Agreement and all other HSA notices, disclosures and information related to and governing my HSA to me online at www.optumbank.com. I understand that monthly account statements and other documentation and notices will be delivered or made available electronically. **If I want HSA statements mailed to my home, I must notify the Bank directly.**

I agree that Employer will remain my agent unless and until Employer and the Bank receive notice that the appointment of Employer as my agent has been terminated, that I am no longer employed by Employer, or that I am no longer an HSA eligible individual; or I receive a notice from the Bank that my application for an HSA has been declined.

I acknowledge and agree that this document may be signed by electronic signature, which shall be considered an original signature for all purposes and shall have the same force and effect as an original signature. “Electronic signature” shall include faxed versions of an original signature, electronically scanned and transmitted versions of an original signature, and typed signature in a fillable form or typed signature via Adobe Pro.

Signature

Date

Your Annual Election must be reduced by the University’s employer contribution to avoid exceeding IRS Limits; therefore, you should not elect more than the Maximum Employee Contribution listed in the chart below. If you are married, and your spouse is also contributing to an HSA, the total amount contributed between the two of you (including employer contributions) cannot exceed the family limit.

HSA Enrollment Date	University contribution to HSA based on HSA enrollment date	2024 Employer Contributions and Limits			
		Self	Self & Spouse	Self & Child(ren)	Self, Spouse & Child(ren)
Jan 1- Mar 31	Employer Contribution	\$400	\$800	\$800	\$1,200
	Maximum Employee Contribution	\$3,750	\$7,500	\$7,500	\$7,100
	Total Annual Contribution	\$4,150	\$8,300	\$8,300	\$8,300
April 1- June 30	Employer Contribution	\$265	\$535	\$535	\$800
	Maximum Employee Contribution	\$3,885	\$7,765	\$7,765	\$7,500
	Total Annual Contribution	\$4,150	\$8,300	\$8,300	\$8,300
July 1- Sept 30	Employer Contribution	\$135	\$265	\$265	\$400
	Maximum Employee Contribution	\$4,015	\$8,035	\$8,035	\$7,900
	Total Annual Contribution	\$4,150	\$8,300	\$8,300	\$8,300
Oct 1 - Dec 31	Employer Contribution	\$0	\$0	\$0	\$0
	Maximum Employee Contribution	\$4,150	\$8,300	\$8,300	\$8,300
	Total Annual Contribution	\$4,150	\$8,300	\$8,300	\$8,300

In 2024, the HSA contribution limit is \$4,150 for an individual or \$8,300 for a family. If you are 55 or older, you may contribute an additional \$1,000 under a catch-up provision. If you are not enrolled in a qualified high deductible health plan for the entire year, lower contribution limits may apply.

Please return this completed form to the HR Service Center or your HR Generalist.

HR Service Center
Phone: (573) 882-2146
Fax: (573) 882-9603
hrrservicecenter@umsystem.edu

Columbia (includes Hospital and System)
Phone: (573) 882-2146
Fax: (573) 882-9603
hrrservicecenter@umsystem.edu

Kansas City
Phone (816) 235-1621
Fax: (816) 235-5515
benefits@umkc.edu

Rolla
Phone (573) 341-4241
Fax: (573) 341-4984
benefits@mst.edu

St. Louis
Phone (573) 882-2146
Fax: (573) 882-9603
umslbenefits@umsl.edu