Print Form Reset Form

**Missouri Consolidated Health Care Plan**
573-751-0771 · 800-487-0771 · www.mchcp.org
832 Weathered Rock Court, Jefferson City, MO 65101

# HSA Acceptance/Change

State Members

**Submit this form:**
**Online:** Upload through myMCHCP
**Fax:** 866-346-8785
**Mail:** PO Box 104355
Jefferson City, MO 65110-4355

**MCHCP Use Only**

**ST HSA**

*Please print clearly*

## Instructions

**Before completing this form, you must:**

- Go to mohsa.centralbank.net and select *Open Your HSA Online*
- Complete the steps to open your account

Your account opening is complete when you receive a confirmation number. If you have questions about opening your HSA, please contact Loriel Dulle at 573-634-1243 or loriel_dulle@centralbank.net.

## Section 1 – Subscriber Information

**Name** (Last, First, Middle Initial):

**MCHCPid** (Provide **either** MCHCPid or Social Security Number)

**Address**:

*or* **Social Security Number**:

**City**: **State**: **ZIP Code**:

**Date of Birth** (MM/DD/YYYY):

**Email**:

**Primary Phone Number**: ☐ Home ☐ Work ☐ Cell

**County Where You Live**:

**Gender**:
☐ Male ☐ Female

**Secondary Phone Number**: ☐ Home ☐ Work ☐ Cell

## Section 2 – Payroll Deductions (Active Employees Only)

Please deduct the following amount each pay period from my paycheck and distribute to my Health Savings Account (HSA) with Central Bank. Annual contributions should not exceed IRS contribution limits. Refer to www.mchcp.org for more information. By completing this section and signing below, I hereby authorize the following payroll deductions to be taken until MCHCP receives notice from me through myMCHCP, or by fax or mail to change or stop these deductions.

**$**

☐ I authorize MOCafe to process these deductions as pre-tax funds.
☐ I do not wish to make these deductions pre-tax through MOCafe.

## Section 3 – Subscriber Acknowledgement

☐ I am choosing to participate in the Health Savings Account (HSA) Plan.
☐ I understand that by enrolling in the HSA Plan, I may not change to another MCHCP plan after MCHCP has contributed funds to my HSA unless I am eligible for a special enrollment period.
☐ My spouse (if applicable) and I are not enrolled in a health care flexible spending account (FSA) through an employer's Section 125 or Cafeteria Plan.
☐ I do not have any other type of health insurance coverage OR the health insurance coverage is one of the following: another qualified high deductible health plan; specified disease insurance (such as cancer insurance); insurance that pays a fixed amount per period of time for hospitalization; accident insurance; disability insurance; dental insurance; vision insurance; or long-term care insurance.
☐ I do not have any type of Medicare coverage.
☐ I do not have other prescription drug coverage that provides prescription drug benefits before the deductible is met for this HSA Plan.
☐ I understand that the maximum contribution MCHCP will make for any family is $600, regardless of the number of separate MCHCP enrollments, the number of HSAs or the number of children covered under the HSA Plan for either parent.

## Section 4 – Subscriber Authorization

- I have established a Health Savings Account (HSA) with Central Bank as custodian.
- I understand the eligibility requirements for deposits made to my HSA and state that I qualify to make deposits to this account. I have reviewed the information contained in MCHCP's Benefit Guide packet as well as MCHCP's website, and understand and agree that my HSA will be opened under and governed by Central Bank's Custodial and Deposit Agreement.
- I authorize Central Bank to provide information about my HSA, including my account number, to MCHCP, in connection with the establishment and maintenance of my HSA.
- I acknowledge that MCHCP may provide information on my behalf to establish and maintain my HSA.
- I understand my monthly account statements will be made available to me electronically. I agree to notify Central Bank if I wish to have statements mailed to my home address.
- I certify that the information provided to MCHCP is true and complete.

**Signature:**

**Date** (MM/DD/YYYY):