Missouri Consolidated Health Care Plan

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

ST HSA

Revised 07/2025

Information About Your HSA Account

For active employees, MCHCP will open a Health Savings Account (HSA) for you in HSA Central, a division of Central Bank, to receive your state contribution and any voluntary payroll deduction deposits. Any tax implications this account may have are your responsibility. Once MCHCP opens your account, you will receive a welcome email from HSA Central with detailed information on how to access your account. Your HSA Central Debit Mastercard will arrive in the mail within 10 to 15 business days.

Section 1: Subscriber Information

Name (Last, First, MI): ☐ New Name

Address: ☐ New Address

City: **State**: **Zip Code**:

Email Address: **County Where You Live**:

Gender:
☐ Male ☐ Female

OR

MCHCP ID: -

Social Security Number: - -

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

Primary Phone: ☐Home ☐Work ☐Cell
( ) -

Secondary Phone: ☐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.

☐ I attest that I am not enrolled in a health care Flexible Spending Account (FSA) offered through an employer's Section 125 or Cafeteria Plan, and if married, my spouse is also not enrolled in this type of 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 $1,000, 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. (Active employees only)

Section 4: Subscriber Authorization (Active Employees Only)

- I authorize MCHCP to provide information to Central Bank, the HSA custodian, to establish and maintain my HSA.
- I authorize Central Bank to provide information about my HSA, including my account number, to MCHCP to establish and maintain my HSA.
- I understand that my HSA is not fully established and I cannot make HSA transactions (excluding MCHCP and payroll contributions) until I log into HSACentral.net to accept Central Bank's Custodial Agreement, Disclosure Statement, Electronic Disclosure, Adoption Agreement and Truth in Saving Disclosure.
- 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 as well as MCHCP's website and understand and agree that my HSA will be opened under and governed by Central Bank's Custodial Agreement, Disclosure Statement, Electronic Disclosure, Adoption Agreement and Truth in Saving Disclosure.
- I understand that MCHCP does not give tax advice and any tax liability that comes with this account is my responsibility.

Signature:

Date (MM/DD/YYYY): / /