



Dear HSA Participant:

Your UMB Health Savings Account (HSA) is an excellent tool for managing your health, your family's health and your financial health. The UMB HSA allows you to pay for your current healthcare expenses or to save money for future qualified expenses. Opening your UMB HSA is easy. You can complete all of your enrollment forms online!

Online Enrollment

With online enrollment, you can open your UMB HSA in the comfort of your own home or anywhere you have access to the internet. To get started, you will need: a working e-mail address and your HDHP coverage information. Then just click this link to our enrollment site:

[HSA Enrollment Site](#)

Or follow these instructions:

www.umb.com; click "Health Savings Accounts"; click "Open your HSA"; Enter **UMB0002 00130063**

Online Account Access

After you enroll, you will receive your account number and debit card in the mail within 5 to 7 business days, you may go back to the [UMB HSA Website](https://hsa.umb.com): (<https://hsa.umb.com>) and click "**Sign up for your online account**". You will need your account number and debit card number to set up your username and password. Online access will allow you to view your account balance; reimburse yourself for medical expenses incurred without the debit card; download forms; and access a variety of other internal and external links to resources and tools to help you manage your HSA. This is also where you will enroll in both the Money Market Sweep and Self-Directed Brokerage options.

Contributions to the Account

The 2009 annual contribution maximum is to \$3,000 for those with individual HDHP coverage and \$5,950 for those with family coverage. The IRS allows an additional contribution of \$1,000 for those 55 or older. You may make pre-tax contributions through payroll deduction or after tax contributions by mail using a deposit coupon found on our web site: or click here: [UMB HSA Contribution Coupon](#).

Accessing HSA Funds

You will be able to access your HSA funds through your health care Visa debit card or by the online reimbursement tool to pay for qualified medical expenses. For a full list of eligible expenses, please see the [Learning Center](#) on our website.

HSA Account

Once you have enrolled, UMB offers a Base Account and 2 investment options. You will automatically be enrolled in the Base Account. You may elect one or both of the investment options after you meet the eligibility requirements, as described on the web site. It's your choice. It's your UMB HSA!

1. **HSA Base Account.** This FDIC-insured account pays tiered interest rates based on your balance in the account.
2. **Money Market Sweep Option*†.** If you choose this option, all balances over \$1,000.00 in the Base Account will be swept into a money market mutual fund where you may earn higher interest rates. If your Base Account falls below \$1,000.00, funds will be swept out of the money market fund and deposited back into the Base Account.
3. **Self-Directed Brokerage Option**†.** This option allows you to choose from 170 funds from seven different fund families.

Customer Service

UMB provides all customer service regarding the HSA, debit card, and investments through the website and toll-free number (866) 520-4HSA.

Thank you for your interest in the UMB HSA!

**When enrolled in the Money Market Option, the first \$1,000 in deposits (peg balance) will always be maintained in the FDIC-insured Base Account. Any funds over the peg balance are an investment in a money market mutual fund that is not insured by the FDIC or any other governmental agency. Although the fund seeks to preserve the value of your investment at \$1.00 per share, it is possible to lose money by investing in the fund.
**Investments you make in the Brokerage Option through your HSA are not FDIC insured. Securities offered through UMB Financial Services, Inc., member FINRA (www.finra.org), SIPC. UMB Financial Services, Inc. is a subsidiary of UMB Bank, n.a. UMB Bank, n.a. is a wholly-owned subsidiary of UMB Financial Corporation. UMB Financial Services, Inc. is not a bank and is separate from UMB Bank, n.a. and other banks.
†Investments in securities, whether through the Money Market Sweep Account or through investments in the Self-directed Brokerage Account are:*



Favorite Healthcare Staffing HSA Contribution Form

Name: _____

As a participant in the Blue Saver High Deductible Insurance plan offered by Favorite Healthcare Staffing (the Company), I authorize the Company to deduct the following amount from my pay on a biweekly basis to deposit into my Health Savings Account (HSA). I understand that these deductions will be submitted to my UMB HSA. If I do not elect to open a UMB HSA bank account, I cannot contribute through payroll deductions.

Total amount to deduct for the remainder of the calendar year: _____

Remaining pay periods during the rest of the calendar year: _____

Total deduction per pay period: _____

(Your total annual contribution to your HSA account cannot exceed:

\$3,000 for an individual; or

\$5,950 for an individual plus one or more

This is a calendar year limit. Therefore, if you are new to the plan, you can contribute additional funds for the remainder of the 2009 year to equate to the above limits. These amounts are subject to change annually per IRS regulations.

If you are over age 55 you may be eligible to make additional "catch-up" contributions of \$1,000 for 2009.

As a participant in the HSA plan I understand that I may no longer participate in the Company's Section 125 Tax Savings Out-of-Pocket Medical Expense Account. Any balances in the Tax Savings Plan will be rolled over to your HSA account in accordance with IRS regulations and may effect my overall annual contribution to your HSA account.

I understand that following completion of this form, contributions will remain in effect until I complete a replacement form with new elections.

Name: _____

Signature: _____

Date Signed: _____



Health Savings Account (HSA) Beneficiary Designation Form

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UMB Health Savings Account Number
(found on your monthly bank statement)

A. Individual HSA Owner Information.

FIRST NAME	MI	LAST NAME	SOCIAL SECURITY NUMBER	
ADDRESS LINE 1 – STREET ADDRESS (NO POST OFFICE BOX)			TELEPHONE NUMBER (DAY) ()	
ADDRESS LINE 2 – PO BOX, APARTMENT OR LOT NO.		CITY	STATE	ZIP CODE

B. Beneficiary Designation. As the named Account Owner of the above-referenced Health Savings Account ("HSA"), I have the right to designate the beneficiary or beneficiaries to whom any funds remaining in my HSA upon my death are to be paid and, at any time and from time to time prior to my death, to revoke, alter or amend any such designation previously made. Any such designation must be on a form provided by or acceptable to the Custodian and must be filed with the Custodian prior to my death. I hereby revoke completely every such designation previously made by me and I direct that, if I die before distribution of my HSA has been completed, the value of my Account shall be distributed to the Primary Beneficiary (ies) named below in the percentage(s) indicated, or in the absence of any percentages, in equal shares. The interest of any Primary Beneficiary who predeceases me shall terminate and the percentage shares of all surviving Primary Beneficiaries shall increase ratably in proportion to the relative sizes of the percentages of such surviving Beneficiaries as originally set forth herein.

PRIMARY BENEFICIARY'S NAME	ADDRESS	SSN	DATE OF BIRTH	PERCENTAGE

If none of the persons listed above as Primary Beneficiaries are living at my death, I designate the following Secondary Beneficiary(ies) for my HSA, subject to the same distribution rules as are set forth above with respect to Primary Beneficiaries.

SECONDARY BENEFICIARY'S NAME	ADDRESS	SSN	DATE OF BIRTH	PERCENTAGE

C. Other Provisions. If no Beneficiaries are named on this form or if all the named Beneficiaries predecease me, the HSA funds will be paid to my estate. If my spouse receives the HSA as a result of being named as Beneficiary, my spouse may choose to continue the HSA in his or her name, subject to Custodian's consent, by providing a written election to the Custodian and by signing the forms and providing the information the Custodian requires. For any non-spouse Beneficiary, the HSA terminates as of my date of death and becomes payable. I understand that in certain states, my spouse's consent may be necessary if I wish to name a person other than or in addition to my spouse as Beneficiary, and that I should consult with my attorney before making such a Beneficiary Designation. By making the foregoing Beneficiary Designation, I represent and warrant to the Custodian that this Beneficiary Designation satisfies all legal requirements under applicable law and, on behalf of myself, the Beneficiary(ies), my heirs and my estate, I hereby indemnify and hold the Custodian harmless from and against any and all claims, damages, liabilities, and costs (including attorney's fees) arising as a result of the Custodian's payment of my HSA in accordance with this Beneficiary Designation. Custodian may condition payment to any Beneficiary on satisfactory proof of identity and entitlement to payment.

Signature of Account Owner x	Date:
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D. Spousal Consent (If Applicable) Note: The following section should be signed in the event your state requires the consent of your spouse to the designation of a beneficiary other than such spouse with respect to the HSA. This could apply, for example, if you live in a community or marital property state and you designate someone other than or in addition to your spouse as a beneficiary. Consult your attorney or tax advisor for further information.

The undersigned spouse of the Account Owner in whose name the Health Savings Account identified above is opened hereby consents to and joins in the designation of the beneficiary(ies) identified above. To the extent the undersigned spouse is not named as Beneficiary, such spouse relinquishes any interest such spouse may have in the funds contained in the Health Savings Account.

Name of Spouse	Date:
Signature of Spouse x	Date:

Note: Return this form to UMB Bank, n.a., Attention: CI Center, P.O. Box 419226, Mail Stop 1170204, Kansas City, MO 64141