



**Health Savings Account Contribution Request
Shelter Insurance® EFT Authorization Agreement**



Since you have selected the \$3,000 deductible Consumer Driven Health Plan (CDHP), please go to <http://shelterhsa.boonebank.com> to create your Health Savings Account (HSA). Once your account has been created provide the following information to SBMI:

Financial organization name: Central Bank of Boone County

Financial organization address: P.O. Box 678, Columbia, MO 65205

Your HSA account number: _____

Financial organization transit number: 081500859

You may elect to make employee contributions to your HSA by completing the following:

HSA contribution (per pay period amount): \$ _____

Effective Date: _____

Please Note: This contribution will not alter Shelter's contribution.

Authorization

I authorize and request Shelter Mutual Insurance Company and its subsidiaries to deduct from my pay the above amount to the account indicated above.

Signature: _____ Date: _____

Print Name: _____

Shelter e-mail address: _____

Return form to Jeannette Goosey, SBMI (573-214-4609) or fax to 573-214-6565.