



Health Savings Account Distribution Request/Account Closure Form

Use this form to request a distribution from your HSA. If you have any questions about HSAs or completing this form, please contact Customer Service at (603) 647-1147 ext. 1.

Transfer Process:

1. Complete all sections of this form.
2. Email, mail or fax completed form to:
Email: customerservice@hrcts.com
Address: 111 Charles Street, Manchester, NH 03101
Fax: 1-866-978-7868

*Required Fields

Part I Consumer Information			
*Consumer Name (First, MI, Last)		*Employer Name (If sponsored by an employer plan)	
*Birth Date (MM/DD/YYYY)	*Social Security Number	*Day Telephone	
*Address			
*City	*State	*Zip	
Email Address			

Note: Distributions will be sent via direct deposit to your personal bank account on file. If no bank account is on file, a check will be mailed to your mailing address on file.

I direct HSA Administrator to make a distribution from my HSA for the following reason (choose only **one** reason per form):

Disability/Prohibited Transaction Distribution
<input type="checkbox"/> Disability – If the disability renders you unable to engage in any substantial gainful activity and it is medically determined that the condition will last continuously for at least 12 months or lead to your death. Disability distributions are subject to ordinary income tax.
<input type="checkbox"/> Prohibited Transaction – use of HSA funds for anything other than a qualified medical expense; if not corrected in a timely manner, IRS penalties may be imposed.
Amount of Distribution \$ _____
Excess Contribution Removal
<input type="checkbox"/> Excess Contribution Removal
Amount of excess contribution \$ _____
Date excess contribution occurred _____

Rollover/Transfer

If I am requesting account closure, I authorize the HSA Administrator to liquidate the investments in my HSA Investment Account and wait 10 days to allow any outstanding debit card transaction (if debit card is applicable to my account) to settle before mailing the check for any remaining account balance, less any applicable account closing fee.

☐ Convert my HSA to an Individual Account with HRCTS. Fees will now be paid by the account holder.

☐ Rollover – Check will be made **payable to HSA Accountholder** and mailed to your address on file.

Please liquidate ☐ my entire account balance or ☐ \$ _____

This rollover ☐ will / ☐ will not close my HSA account (please check one).

The IRS Code limits the number of rollovers that may be taken, how quickly rollovers must be completed and how the trustee or custodian must report the transaction. If you need additional information, please contact your tax advisor. By selecting this option, you are certifying to the bank that you have satisfied the rules and conditions applicable to your rollover and that you are making an irrevocable election to treat the transaction as a rollover. The funds you receive from the distribution of an HSA must be deposited into another HSA within 60 days from when you receive them. You are entitled to one distribution per year per HSA which may be rolled over. You are entitled to roll over the same assets only once in a twelve (12) month period.

☐ Transfer – Check will be made **payable to the receiving Administrator/Trustee/Custodian** for the benefit of the HSA Accountholder and mailed to the address you provide below. It is the HSA Accountholder's responsibility to forward the check to the new Administrator/Trustee/Custodian.

Please liquidate ☐ my entire account balance or ☐ \$ _____

This transfer ☐ will / ☐ will not close my HSA account (please check one).

Account Number _____

Name of Receiving Administrator/Trustee/Custodian _____

Address of Receiving Administrator/Trustee/Custodian _____

Signature

I certify that I am the proper party to receive payment(s) from this HSA and that all information provided by me is true and accurate. I further certify that no tax advice has been given to me by HRC Total Solutions. All decisions regarding this distribution are my own. I expressly assume the responsibility for any adverse tax or other consequences which may arise from this distribution and I agree that HRC Total Solutions shall in no way be held responsible. I acknowledge that I have read and understood the Rules and Conditions applicable to a distribution on page two. I understand that any applicable fees will be deducted from the distribution amount requested. (See Health Savings Account Fee Schedule.) I acknowledge that this form may be electronically signed, and I agree that the electronic signature appearing on this document is the same as handwritten signatures for the purpose of validity, enforceability, and admissibility.

Consumer Signature

*Date

Rules and Conditions Applicable to a Distribution

Investments	If you have enabled investments with automatic investment transfers and are requesting to close your HSA, HRC Total Solutions will initiate the selling of your investments if applicable. To expedite processing times, you can initiate the selling of your investments via the consumer portal.
General Information	You must supply all requested information so HRC Total Solutions can do the proper tax reporting. To request a distribution due to the death of the HSA account holder, request a HSA Death Distribution form from HRC Total Solutions. For additional information regarding distributions, please refer to https://www.irs.gov/pub/irs-pdf/p969.pdf .

Distribution Reason	<p><u>Normal Distribution</u> Normal Distributions received for payment of a qualified medical expense are excludable from your gross income. Distributions which are not used to pay qualified medical expenses will be includable in your gross income and may be subject to an additional penalty tax. A normal distribution is reported to the IRS on Form 1099-SA using Code 1.</p> <p><u>Rollover</u> A rollover is a way to move money from one HSA to another HSA. The funds you received from your HSA must be deposited into another HSA within 60 days after you receive them. You are entitled to one distribution within a 12-month period that may be rolled over to another HSA. A rollover distribution is reported to the IRS on Form 1099-SA using Code 1.</p> <p><u>Excess Contribution Removal</u> If you have made an excess contribution to your HSA, you must generally take the appropriate steps to remove the contribution. Depending on when you take the necessary corrective action, you may have to pay the IRS additional taxes and penalties. To avoid paying the excise tax on the excess amount, the excess contribution withdrawal must meet the conditions indicated below. A removal of an excess contribution is reported to the IRS on Form 1099-SA using Code 2.</p> <ul style="list-style-type: none"> • You withdraw the excess contributions by the due date of your tax return for the year the contributions were made; and • You withdraw any income earned on the withdrawn contributions and include the earnings in "other income" of your tax return for the year you withdraw the contributions and earnings. <p><u>Disability</u> You may take a distribution due to disability only if the disability renders you unable to engage in any substantial gainful activity and it is medically determined that the condition will last continuously for at least 12 months or lead to your death. Disability distributions may be subject to ordinary income tax. A disability distribution is reported to the IRS on Form 1099-SA using Code 3. Substantial gainful activity is defined by the IRC Sec. 72(m)(7).</p> <p><u>Transfer</u> Please use the HSA Transfer Form if you are requesting a distribution to transfer your balance to a different custodian.</p> <p><u>Prohibited Transaction</u> If you have performed a prohibited transaction as defined in IRC Sec. 4975(c), you may be subject to an IRS penalty. If the prohibited transaction is not corrected in a timely manner, an additional penalty may be imposed. A prohibited transaction is reported to the IRS on Form 1099-SA using Code 5.</p> <p><u>Divorce</u> A consumer's HSA can be transferred to an HSA established for the ex-spouse (or spouse) under a decree of divorce or separate maintenance. In the event of such a transfer, the distribution is not taxable or subject to the additional 20% tax, and the ex-spouse (or spouse) becomes the consumer of the HSA. After the transfer, the ex-spouse (or spouse) like any other HSA consumer, may designate a beneficiary to receive any amounts remaining in the HSA upon his or her own death, may roll over (or directly transfer) some or all of them HSA's account balance into another HSA, and may add to the HSA through rollovers, transfers, and contributions if relevant criteria are satisfied. You must submit a copy of your decree of divorce or separate maintenance with this form.</p>
Signatures	<p>Your signature is required to certify that the information you have provided is true and correct and that you are aware of all the rules and regulations affecting this HSA distribution. You hereby acknowledge that, due to the important tax and other consequences relating to selecting distributions or rolling funds over to an HSA, that you have been advised to see a tax professional. State tax laws may vary, and you agree that HRC Total Solutions makes no representations as to the tax effect of this distribution or rollover under state law. You also acknowledge that your rollover or distribution of funds from the HSA is completely voluntary. You assume the responsibility for any tax or other consequences that you or your beneficiaries may experience relating to this distribution or rollover. You agree that HRC Total Solutions shall in no way be responsible for those consequences. All information provided by me is true and correct and may be relied upon by HRC Total Solutions.</p>

For more information about HSAs, see the free IRS Publication 969, Health Savings Accounts and Other Tax-Favored Health Plans (available from the IRS Website at www.irs.gov) or consult your tax advisor.