



QUALIFIED HSA FUNDING DISTRIBUTION REQUEST

The term IRA will be used below to mean Traditional IRA and Roth IRA, unless otherwise specified. This form is used to request a one-time direct movement of assets from an IRA to an HSA.



PART 1. ACCOUNT OWNER

Name (First/MI/Last) _____
Social Security Number _____
Date of Birth _____ Phone _____
Email Address _____
HSA Account Number _____ Suffix _____

PART 2. ACCEPTING HSA TRUSTEE OR CUSTODIAN

To be completed by the HSA trustee or custodian receiving the assets

Name _____
Address Line 1 _____
Address Line 2 _____
City/State/ZIP _____
Phone _____ Organization Number _____
Contact Name _____

PART 3. CURRENT IRA INFORMATION

CURRENT IRA TRUSTEE OR CUSTODIAN

Name _____
Address Line 1 _____
Address Line 2 _____
City/State/ZIP _____
Phone _____

IRA TYPE (Select one)

Traditional IRA Roth IRA

IRA Account Number _____ Suffix _____

PART 4. IRA DISTRIBUTION INSTRUCTIONS

Distribution Amount _____ Entire Account Balance This Distribution Will Close This IRA

MAKE PAYABLE TO

_____ as Trustee or Custodian of _____ HSA
Name of Accepting HSA Trustee or Custodian Name of HSA Owner

ASSET HANDLING (Investments identified below will be liquidated immediately unless otherwise specified in the Special Instructions section.)

Asset Description	Amount to be Distributed	Special Instructions
_____	_____	_____
_____	_____	_____
_____	_____	_____

PART 5. SIGNATURES

I authorize the qualified HSA funding distribution of these assets and certify that all information provided by me is true and accurate. I understand that I am responsible for determining that this qualified HSA funding distribution qualifies under the rules that apply to such transactions and agree to comply with those rules. I assume responsibility for any consequences that may result from the movement of these assets and I agree that the trustee or custodian is not responsible for any consequences that may arise from executing this distribution request.

The trustee or custodian signing below agrees to accept the qualified HSA funding distribution.

X _____
Signature of HSA Account Owner Date (mm/dd/yyyy)

X _____
Notary Public/Signature Guarantee (If required by the trustee or custodian) Date (mm/dd/yyyy)

X _____
Authorized Signature of Accepting Trustee or Custodian Date (mm/dd/yyyy)

RULES AND CONDITIONS APPLICABLE TO QUALIFIED HSA FUNDING DISTRIBUTIONS

A qualified HSA funding distribution is a way to move money directly from your IRA into your HSA and avoid taxation and penalties on the IRA distribution. The Internal Revenue Code limits the amount of the HSA funding distribution, the number of HSA funding distributions you may perform, and the eligibility for an HSA funding distribution. By properly completing this form, you are certifying to the trustee or custodian that you have satisfied the rules and conditions applicable to a qualified HSA funding distribution.

QUALIFIED HSA FUNDING DISTRIBUTION REQUIREMENTS

Eligibility. To make a qualified HSA funding distribution to your HSA you must be eligible to contribute to an HSA. This means that you must be covered under a high deductible health plan (HDHP) and generally must not be covered by another health plan. You also must not be enrolled in Medicare and not be eligible to be claimed as a dependent on another person's tax return.

Limit on Qualified HSA Funding Distributions. You are entitled to complete only one qualified HSA funding distribution during your lifetime. An exception to this rule is made for an individual switching HDHP coverage from single coverage to family coverage in the same year as the HSA funding distribution. A second HSA funding distribution may be completed in the same year as the coverage change to increase the contribution up to the family coverage amount for the current year. You are not allowed a second HSA funding distribution for a change from family coverage to single coverage.

Permissible Types of IRAs. A qualified HSA funding distribution may be made from any IRA except for those receiving ongoing simplified employee pension (SEP) contributions or savings incentive match plan for employees of small employers (SIMPLE) IRAs. SEP and SIMPLE contributions are considered ongoing if an employer makes a contribution to the IRA for the plan year ending with or within the tax year in which the qualified HSA funding distribution occurred.

Maximum Qualified HSA Funding Distribution. The maximum qualified HSA funding distribution that may be made from your IRA to your HSA is limited to the applicable federal HSA contribution limit for the current year. The qualified HSA funding distribution is aggregated with all of your HSA contributions for the year when calculating the maximum contribution.

TESTING PERIOD

For the HSA funding distribution to be qualified, you must be HSA-eligible at the time of distribution and remain HSA-eligible (with exceptions for death and disability) by retaining HDHP coverage during a 12-month testing period. The 12-month period begins with the month the qualified HSA funding distribution is contributed and ends on the last day of the twelfth month following that month. If you fail to maintain eligibility during this testing period, you must include the qualified HSA funding distribution in your taxable income, and a 10 percent penalty will apply unless the failure is due to death or disability.

REPORTING INFORMATION

A qualified HSA funding distribution from an IRA is reported on IRS Form 1099-R in the year it is distributed. The HSA contribution is reported on IRS Form 5498-SA in the year it was received as a regular contribution. The distribution from a Traditional IRA is reported as a normal distribution on Form 1099-R using code 7, if you are age 59½ and older, or an early distribution on Form 1099-R using code 1, if you are under age 59½. The distribution from a Roth IRA is reported using code T if you are age 59½ or older, unless it is a qualified withdrawal, in which case code Q is used. Code J is used if you are under age 59½.