Health Savings Account
Distribution Request Form

For death distributions, please complete the *Death Distribution Request Form*. Please forward the completed form to Flyte HCM by fax to 952.666.7454 or by email to **claims@flytehcm.com**. If you have any questions, please email **claims@flytehcm.com** or call **952.746.0000**.

Accountholder Information

_____

First Name   MI   Last Name   Social Security Number *(required)*

I DIRECT FLYTE HCM TO MAKE A DISTRIBUTION FROM MY HEALTH SAVINGS ACCOUNT (HSA) FOR THE FOLLOWING REASON (CHOOSE ONLY ONE PER FORM):

1) Normal/Disability/Prohibited Transaction Distribution

☐ Normal - For payment of qualified medical expenses; save your receipts

☐ Disability - If the disability renders you unabled to engage in any substantial gainful activity and it is medically determined that the condition will last continously for at least twelve (12) months or lead to death. Disability distributions are subject to ordinary income tax.

☐ 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: $ _____

2) Excess Contribution Removal

☐ Excess Contribution Removal

Amount of excess contribution: $ _____

Date excess contribution occurred: _____

3) Rollover/Transfer

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

☐ Rollover - Check will be made payable to the HSA Accountholder and mailed to the address on file.

Please liquidate   ☐ my entire account balance <u>or</u> ☐ $ _____

This rollover   ☐ will <u>or</u> ☐ 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.

> If you wish to request a transfer of funds from Flyte HCM and HealthcareBank to a new HSA custodian, please submit the transfer form provided to you by your new financial institution. This will ensure that your funds are sent to the correct address and deposited into your account in a more timely manner, as their transfer form is submitted with the transfer check. If your new HSA custodian does not have a transfer form to provide you, please contact Flyte HCM.

Certification

I certify that I am the HSA Accountholder or an individual authorized to execute this transaction. I have read and understand the instructions and any rules or conditions relating to this transaction. I understand that, if I have not provided Flyte HCM with my banking information for a direct deposit (if applicable), that I am responsible for a fee of $1.50 per check issued. I assume full responsibility for this transaction and will not hold Flyte HCM or Healthcare Bank, a division of Bell Bank, liable for any adverse consequences that may result. I have not received tax or legal advice from Flyte HCM or Healthcare Bank and, if necessary, will seek the advice of a tax or legal professional to ensure my compliance with related laws. All information provided by me is true and correct and may be relied upon by Flyte HCM and Healthcare Bank.

_____   _____

Signature of Accountholder *Please be advised - unsigned forms cannot be processed.*   Date