



FSA HRA Qualified Distribution Request Form

Use this form to request an HSA qualified distribution from your limited or unlimited FSA or HRA. Only one FSA or HRA qualified distribution is allowed. Eligibility for the qualified distribution ends December 31, 2011.

1. Individual Information

Participant Name (First, MI, Last) Social Security Number - -

Day Telephone - - Employer Name Employee Number (if applicable)

Home Address City State ZIP

2. HSA Administrator Information

Discovery Benefits Other:

Check box if current administrator is Discovery Benefits Check box and enter name of current FSA or HRA Administrator

Other Administrator Address City State ZIP

Account Number (if applicable)

Telephone Number - - Fax Number - -

3. Qualified Distribution

FSA HRA

You are allowed one qualified distribution to your HSA from your unlimited or limited FSA or HRA. To qualify, your FSA must contain a grace period. Your request must be effective the end of your plan year and leave you with a zero balance in your unlimited FSA or HRA as of the last day of your plan year. You cannot receive reimbursement from your unlimited FSA or HRA once the request is made. The maximum you are allowed to transfer is the lesser of your current balance or the balance in your FSA or HRA as of 9/21/2006. You must have been a participant in your current employer's plan on 9/21/2006 to qualify for the one time distribution. If you had a zero balance or participated in another employer's plan on 9/21/2006, you are not eligible for the qualified distribution.

Account Balance as of 09/21/2006: \$

Account Balance as of _____ (enter date*) \$

* To qualify for the HSA, the request must be as of the last day of the plan year.

4. Fees

A \$25.00 one time fee will be assessed to all accounts in which the HSA vendor is not Discovery Benefits. If you are rolling over dollars from an FSA/HRA with Discovery Benefits to an HSA account with another vendor, the one time fee will be deducted from your rollover balance.

5. Certification

I have read and understand the qualified distribution rules and conditions. I meet the requirements for making a qualified distribution from my FSA or HRA to my HSA. Due to the important tax consequences of rolling over funds or property to an HSA, I have been advised to see a tax professional. All information provided by me is true and correct and may be relied on by the Trustee or Custodian. I assume full responsibility for this transaction and will not hold the Trustee or Custodian liable for any adverse consequences that may result. I authorize Discovery to deduct fees from my rollover balance where required.

Account Holder Signature

Date

Discovery Benefits will process your request within 10 business days. If the HSA is with Discovery Benefits, funds will be deposited directly into your HSA account. If your HSA is with another administrator, Discovery will submit a check directly to the administrator.