

## Qualified Reservist Distribution Request Form

A Qualified Reservist Distribution (QRD) is a special rule allowing taxable distributions of unused amounts in a Medical Flexible Spending Account (Medical FSA) to reservists ordered or called to active duty.

**Step 1 - Participant Information** Note: Missing information may delay the processing of your request.

<input type="text"/>	<input type="text"/>
* Participant Name (First, MI, Last)	* Employee ID
<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>
* Employer Name (Do not abbreviate)	* Social Security Number
<input type="text"/>	
* Reserve Component*	

\*Paragraph 24 of section 101 of title 37 of the United States Code defines the term "reserve component" to mean: (A) the Army National Guard of the United States; (B) the Army Reserve; (C) the Navy Reserve; (D) the Marine Corps Reserve; (E) the Air National Guard of the United States; (F) the Air Force Reserve; (G) the Coast Guard Reserve; or (H) the Reserve Corps of the Public Health Service.

Updates or changes to your information can be made by logging into your account at [www.discoverybenefits.com](http://www.discoverybenefits.com).

**Step 2 - QRD Disbursement Request**

The maximum amount of your distribution is determined by your employer's plan design. If you have questions, please contact Discovery Benefits for details on the selections available to you through your employer. Qualified Reservist Distributions are taxable to the employee.

Check one:

<input type="checkbox"/>	I elect to withdraw my total available balance in my Medical FSA (Total Annual Election minus Total Claims)
<input type="checkbox"/>	I elect to withdraw only a portion of my Available Balance.      Amount Requested      \$

**Step 3 - Participant Certification**

I certify that I am a member of the reserve component outlined above and have received orders or the call to duty for a period of 180 days or more. I am an employee participating in my employer's medical flexible spending account within the current plan year. I understand that prior year fund balances as well as amounts forfeited prior to June 18, 2008 are not eligible for disbursement as a QRD. I understand that QRDs are only available for funds in the medical flexible spending account.

I understand the QRD is a taxable distribution from my medical flexible spending account.

I certify that all of the above requirements have been met and request distribution of the funds as indicated above and that I have read the Frequently Asked Questions posted at [www.discoverybenefits.com](http://www.discoverybenefits.com). Attached is a copy of my order or call to duty. I understand the QRD will not be distributed unless I provide a copy of my orders or call to duty along with this form.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
Date

**Employer signature is required in order to process the QRD request.**

