

Health Savings Account (HSA) Distribution Request Form

Use this form to request a distribution of funds from your HSA.

*=Required Fields

Step 1 of 3: Account Holder Information

<input style="width: 95%; height: 25px;" type="text"/> *Employer Name (Do not abbreviate)	<input style="width: 95%; height: 25px;" type="text"/> *Employee ID Number
<input style="width: 95%; height: 25px;" type="text"/> *Account Holder Name (First, MI, Last)	<input style="width: 20%; height: 25px;" type="text"/> - <input style="width: 20%; height: 25px;" type="text"/> - <input style="width: 20%; height: 25px;" type="text"/> *Social Security Number
<input style="width: 95%; height: 25px;" type="text"/> *Physical Address (Cannot be PO Box)	<input style="width: 20%; height: 25px;" type="text"/> - <input style="width: 20%; height: 25px;" type="text"/> - <input style="width: 20%; height: 25px;" type="text"/> *Day Telephone
<input style="width: 95%; height: 25px;" type="text"/> *City	<input style="width: 10%; height: 25px;" type="text"/> *State <input style="width: 40%; height: 25px;" type="text"/> *Zip

*Updates or changes to your profile can be made by logging into your account at www.discoverybenefits.com.

Step 2 of 3: Distribution Information

*Requested Amount: \$

Select one of the following:

Normal

Disability

Prohibited Transaction

Excess Contribution Removal

Rollover to Account Holder

Transfer to Custodian

Transfer Check Payable to: Mail Check to:

Death (a copy of the death certificate is required)

Is the distribution taken in the year of death: **YES** or **NO** (circle one)

If no, what type of beneficiary? Spouse Estate Other

Beneficiary Name: Physical Address:

*City *State *Zip

Close HSA

Step 3 of 3: Authorized Signatures

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 the Custodian or Discovery Benefits. All decisions regarding this withdrawal are my own. I expressly assume the responsibility for any adverse consequences which may arise from this withdrawal and I agree that neither the Custodian nor Discovery Benefits shall be held responsible.

HSA Beneficiary Death Beneficiary

* Authorized Signature of Discovery Benefits *Date



Rules and Conditions Applicable to Withdrawal

General Information	You must supply all requested information so the Custodian can do the proper tax reporting. You may not request a distribution on behalf of another death beneficiary.
Distribution Reason	<p>Normal Distribution Distributions for any reason other than removal of an excess contribution, death, disability, transfer or a prohibited transaction are deemed Normal Distributions. 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 2.</p> <p>Disability 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.</p> <p>Prohibited Transaction 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>Excess Contribution Removal 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. A removal of an excess contribution is reported to the IRS on Form 1099-SA using Code 2.</p> <p>Transfer If you are requesting a distribution as a transfer, please provide the new Custodian's name and address. The check will be made payable to the new custodian.</p> <p>Death If you are requesting a distribution as a death beneficiary, a copy of a death certificate is required. Death distributions to non-spouse death beneficiaries are generally includable in ordinary income. A death distribution is reported to the IRS on Form 1099-SA according to the following: If the financial organization is notified of death and the distribution is made to the beneficiary in the year of death, Code 4 is used to report the distribution. If the financial organization is notified of death and the distribution is made to the beneficiary in the year following the year of death, Code 1 is used if the beneficiary is the spouse, Code 4 is used if the beneficiary is the estate, and Code 6 is used if the beneficiary is not the spouse or the estate.</p>
Close Account	Upon the closing of the account, contributions can no longer be made.
Signatures	Your signature is required to certify that the information you have provided is true and correct and that you are aware of all the circumstances affecting this HSA withdrawal.