

## Withdrawal / Distribution Request Form

Please consult a tax advisor before making a withdrawal / distribution to determine any possible tax implications.

### PART 1: Optum Bank Contact Information

**By Mail:**

Optum Bank  
P.O. Box 271629  
Salt Lake City, UT 84127

**By Fax:**

1-866-314-9795

**Questions?**

Please refer to the phone number on the back of your Debit Card.  
Customer Service Professionals are available from 8 a.m. to 8 p.m.  
Eastern time to assist you.

**IMPORTANT NOTE: PLEASE DO NOT PROVIDE ANY CARD INFORMATION ON THIS FORM AS FORMS WITH DEBIT CARD NUMBERS WILL NOT BE PROCESSED AND WILL BE DESTROYED FOR YOUR PROTECTION.**

### PART 2: Optum Bank Account Holder Information – Please Print

Account Holder Name:

Social Security #:

Optum Bank Account #:

Group Id Number:

Daytime Telephone #:

Amount of Withdrawal / Distribution:

### PART 3: Withdrawal / Distribution Type – Required

Please choose one of the following:

- ☐ Withdrawal/distribution for reimbursement to myself. (I paid for a medical expense and I am requesting reimbursement for the expense. A \$10.00 Official Check Fee<sup>†</sup> will be deducted from your account.)
- ☐ Withdrawal/distribution for a direct payment to a Provider (a \$10.00 Official Check Fee<sup>†</sup> will be deducted from your account).

<sup>†</sup>To avoid incurring this fee, please withdraw funds from your account using your Debit MasterCard® or issue a check to yourself and/or Provider through the bank's free online bill payment service.

**Note:** If the check is going to a provider, you must provide the patient(s) name and daytime phone number below.

Patient Name:

Daytime Telephone #:

### PART 4: Withdrawal / Distribution Check Information - Required

*Please make check payable to the following:*

Name:

Mailing Address:

City/State/ZIP:

### PART 5: Account Holder Authorization

I certify the accuracy of the distribution reason selected above, and I authorize the transaction. I understand that I am responsible for any consequences resulting from this distribution including taxes and penalties owed.

**X**

Signature of Account Holder

Date