

Health Savings Account Death Distribution Form



Please complete this form and submit with a copy of the death certificate.

Step 1: Accountholder Information

In this section, provide the information about the deceased.

*Required Fields

*Employer of deceased

*Accountholder Name (First, MI, Last)

 - -
 -

*Date of Birth (MM/DD/YYYY)

*Social Security Number

Step 2: Beneficiary/Executor Information

A. Spouse as a Beneficiary

Are you the spouse of the deceased?

Yes*

No**

* Please provide your current information below. Please contact us at (855) 731-5213 if you would like the balance in the Health Savings Account (HSA) transferred to an HSA in your name or if you would like a distribution. Note: There will be tax consequences if you elect a distribution.

*Your Name (First, MI, Last)

 - -
 -

*Date of Birth (MM/DD/YYYY)

*Social Security Number

*Address

*City

*State

*Zip Code

B. Individual or Trust as a Beneficiary

* If you are not the spouse, but are either an individual listed as beneficiary or a trustee of a trust that is listed as a beneficiary, please provide the information below.

If there are more than three beneficiaries or trustees, please attach a separate page with the information below for each beneficiary or trustee.

<input type="text"/>	<input type="text"/>
----------------------	----------------------

*Beneficiary Name (First, MI, Last)/Name of Trustee and Trust

*Beneficiary/Trustee Address

<input type="text"/>	<input type="text"/>
----------------------	----------------------

*Beneficiary Phone Number

*Beneficiary Email Address

<input type="text"/>	<input type="text"/>
----------------------	----------------------

*Beneficiary Social Security Number/Trust EIN Number

*Birth Date/Date Trust Established

Health Savings Account Death Distribution Form



C. Executor or Representative of the Estate

**If you are the executor or representative of the Estate, please provide the information below.*

<input type="text"/>	<input type="text"/>
* Executor/Representative Name	* Executor/Representative address
<input type="text"/>	<input type="text"/>
* Executor/Representative Phone Number	* Executor/Representative Email Address
<input type="text"/>	
* Estate EIN Number	

Step 3: Authorized Signature

I certify that I am the proper party to request 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 HSA Bank. I expressly assume the responsibility for any adverse consequences which may arise from this withdrawal and I agree that HSA Bank shall in no way be held responsible. I acknowledge that I have read and understood the tax information for Beneficiaries below.

<input type="text"/>	<input type="text"/>
* Signature	* Date

Submit the completed form with a copy of the death certificate to:

HSA Bank, P.O. Box 939, Sheboygan, WI 53082 Fax: 1-877-851-7041

HSA Bank may request additional documents from you before a transfer or distribution is made.

Tax Information for Beneficiaries

If you are requesting a distribution as a death beneficiary, you must provide a copy of the death certificate to verify your entitlement to receive the distribution. Death distributions to non-spouse beneficiaries are generally considered ordinary, taxable income of the beneficiary. 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.

In all circumstances, you are encouraged to consult a tax advisor regarding this form and HSA.

Questions? Please call the Client Assistance Center at 1-855-731-5213
(M-F, 7 a.m.-9 p.m., Sat 9 a.m.-1 p.m., CT)