



HSA Withdrawal Request

1. Individual Information

Company Name (if applicable)

Participant Name (First, MI, Last)

 - -

Social Security Number

 - -

Day Telephone

Hire Date

Birth Date

Home Address

City

State

ZIP

2. Distribution Information

Withdrawal Amount:

I direct the Trustee or Custodian to make a distribution from the HSA for the following reason (refer to the back page for definitions).

- Normal
- Disability
- Prohibited Transaction
- Excess Contribution Removal* Yes No

*Is the excess contribution being removed before April 15 of the year following the year for which the contribution was made? **Assumes the HSA account beneficiary timely filed his or her federal income tax return by April 15. If the return was not filed on time, replace the April 15 date with the due date of the return (excluding extensions).

- Death
 - Is the distribution being taken in the year of death? Yes No
 - If no, what type of beneficiary? Spouse Estate Other

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 Trustee or Custodian. 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 the Trustee or Custodian shall in no way be held responsible.

- HSA Account Beneficiary
- Death Beneficiary (Please include a copy of the death certificate with request)

Signature

Date

Authorized Signature of Custodian

Date



Rules and Conditions Applicable to Withdrawal

General Information

You must supply all requested information so the Trustee or Custodian can do the proper tax reporting. You may not request a distribution on behalf of another death beneficiary.

Distribution Reason

Normal Distribution

Distributions for any reason other than removal of an excess contribution, death, disability 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.

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.

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.

Death

If you are requesting a distribution as a death beneficiary, you must furnish proof, in a form acceptable to the Trustee, Custodian or Issuer, to verify your entitlement to receive the distribution. This verification should be used by surviving spouse death beneficiaries claiming ownership of an HSA. 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:

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.

Benefit Solutions, Inc.

Flexible Spending Department

P.O Box 6 Mukilteo, WA 98275

Phone: 206-859-2694 Fax: 866-727-2106

Email: flexspending@bsitpa.com

