



## ROLLOVER/TRANSFER REQUEST FORM

### The Rollover/Transfer Request Form can be used to:

- 1) Rollover funds into your HealthEquity HSA which have already been distributed to you from another custodian, or to
- 2) Transfer monies directly from another custodian into your HealthEquity HSA. We recommend you contact your current custodian to ensure that all of their requirements for transferring funds are met. If your current custodian allows this form, it can be mailed to 15 West Scenic Pointe Drive, Suite 400, Draper, Utah 84020 or faxed to 801-727-1005. If you have questions, please call us at 866-346-5800.

### Part I - Account Holder Information - Please Print

Customer Full Legal Name:	Social Security Number:	Date of Birth:	
Address:	City:	State:	ZIP:
Contact Phone:	Health Insurance Company:		
Email Address:	Coverage Effective Date:	Coverage Type: <input type="checkbox"/> Single <input type="checkbox"/> Family	

Please select one of the following:

- I already have an HSA at HealthEquity. Account No. \_\_\_\_\_
- I am currently setting up an HSA through my employer.

Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

- I am enclosing an enrollment form together with this transfer form to establish a new HSA.

### Part II - Rollover Amount \$ \_\_\_\_\_ (Do not complete for Transfer)

### Part III - Transfer Information (Do not complete for Rollover)

This request is for a custodian-to-custodian transfer or an employer-to custodian transfer. The monies currently held by another custodian are to be directly transferred to an HSA at HealthEquity.

#### Current FSA/HSA/IRA/MSA Custodian Information

Financial Institution (or Employer Name for FSA/HRA):	Phone:		
Address:	City:	State:	ZIP:
Current HSA/IRA/MSA/HRA/FSA Account Number:	Dollar Amount to be transferred (if known): \$		
This transfer <input type="checkbox"/> WILL <input type="checkbox"/> WILL NOT close my existing account.			

Please indicate the current account type that the monies will be coming from:

- IRA (Individual Retirement Account)       FSA (Flexible Spending Account)
- MSA (Medical Savings Account)       Another HSA (Health Savings Account)
- HRA (Health Reimbursement Account)

### Part IV - Account Holder Signature (Do not complete for Rollover)

I authorize the transfer of the HSA assets in the manner described above, and certify that all of the information provided by me may be relied upon.	
Account Holder - Signature Required:	Date:
Notary Seal (when required by current custodian):	

#### CURRENT CUSTODIAN INFORMATION:

Check Option: Make a check payable to HealthEquity and mail it along with this form to:  
 HealthEquity Inc.  
 15 West Scenic Pointe Drive, Suite 400  
 Draper, UT 84020

## **RULES AND CONDITIONS APPLICABLE TO ROLLOVERS AND TRANSFERS** *(Retain this page for your information)*

### **ROLLOVERS**

A rollover is a way to move money or property from a Medical Savings Account (MSA) or existing Health Savings Account (HSA) to a HealthEquity HSA. The Internal Revenue Code (IRC) limits how many rollovers may be taken, how quickly rollovers must be completed, and how the custodian must report the transaction. By properly completing this form you are certifying to the custodian that you have satisfied the rules and conditions applicable to your rollover and that you are making an irrevocable election to treat the transaction as a rollover.

#### **1. Timelines**

The funds you receive from an MSA or HSA must be deposited into an HSA within 60 days after you receive them. When counting the 60 days, include weekends and holidays. Receipt generally means the day you actually have the funds in hand. For example, the 60 days would begin on the day you pick up the check from the Custodian or you receive the check in the mail. The 60 day rule is set by the IRS and cannot be changed by HealthEquity.

#### **2. Twelve-Month Restriction**

You are entitled to one distribution per year per HSA which may be rolled over. Twelve (12) months must pass after receipt of one distribution which you rollover before you may take another distribution from the same HSA to rollover. The focus is on distributions out of an HSA.

### **TRANSFERS**

**HSA/MSA** - If you instruct the custodian of your HSA or MSA to transfer funds directly to the custodian of another HSA, the transfer is not considered a rollover. There is no limit on the number of these transfers. You do not need to include the amount transferred in income, deduct it as a contribution, or include it as a distribution on Form 8889, line 12a.

**IRA** - Beginning in 2007, individuals can make a one-time transfer from their IRA to an HSA, subject to the contribution limits applicable for the year of the transfer. Additional information can be found at [www.IRS.gov](http://www.IRS.gov).

**FSA/HRA** - The Tax Relief and Health Care Act of 2006, Pub. L. No. 109-432, enacted December 20, 2006, allowed employers to amend their health FSAs or HRAs, with balances on September 21, 2006, for a one-time roll over to an HSAs by 2012. The guidance clarifies the requirements for making these rollovers, which must be made directly to the custodian or trustee of the HSA. Under the guidance, a health FSA with a grace period or HRA must be amended and a rollover selected by an employee before year end. The balance amount must be transferred to the HSA by March 15 of the following year. The ability to make these transfers will facilitate the transition to an HSA-eligible health plan when employees are covered by an HRA or FSA.