

Health Savings Account (HSA) Withdrawal Form



Instructions: Complete this form to request a distribution from HSA Bank. Do not use this form for excess contribution, account closing, or balance transfer.

Mail, fax, or email the completed form to:

HSA Bank, P.O. Box 939, Sheboygan, WI 53082-0939

Fax: 877-851-7041

Email: hsaforms@hsabank.com

You will either receive a check or a direct deposit into your external linked bank account.

For Excess Contribution Removal, visit the Member Website. You can log in from www.hsabank.com.

If you are closing your account or transferring your balance to a new custodian, please call: 800-357-6246 to request the appropriate form.

ACCOUNTHOLDER INFORMATION

First Name:	Middle Initial:	Last Name:
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Current Mailing Address:

City	State:	ZIP Code:
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Account Number*:

*The account number is 8 or 12 digits from your Welcome Kit or Member Website. The account number is located on the Accounts Tab in the Member Website. The account number is **NOT** the same as your Debit Card number.*

Full 9-digit Social Security Number*:				-			-			
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***Note: Full Account Number OR Full SSN Required (failure to provide the required information may result in a delay in distribution).**

WITHDRAWAL INFORMATION

NOTE: Please refer to your HSA Bank Fee and Interest Rate Schedule or your Explanation of HSA Bank Fee Changes for details regarding fees. Please allow up to two weeks to receive your withdrawal. If sufficient funds are not available within 5 business days of receiving this request, it will be returned to you unprocessed. You can monitor your balance by logging into your account on the Member Website.

Withdrawal Amount: \$ _____ (Processing this withdrawal will not close the account.)

Distribution Reason: Normal (qualified medical expense) Disability

GENERAL TERMS AND CONDITIONS APPLICABLE TO WITHDRAWAL

Normal Distributions are distributions received for payment or reimbursement of IRS qualified medical expenses and all other distributions except disability, death, transfer, prohibited transaction, revocation and correction of excess contribution.

Disability Distributions are distributions due to a disability, as defined under IRC Section 72(m)(7), that renders you unable to engage in any substantial, gainful activity and is medically determined to continue for at least 12 months or lead to your death.

Qualified Medical Expenses are defined in section 213(d) of the Internal Revenue Code, IRS Publication 502 and Revenue Ruling 2003-102, 2003-38 I.R.B. 559. HSA funds can be used to pay the Qualified Medical Expenses for you, your spouse and your dependents when expenses are not otherwise covered and were incurred after the HSA was established.

NOTE: Tax penalties may apply to certain types of HSA distributions. Please consult with a tax professional if you are taking a distribution for any reason other than to pay or reimburse a Qualified Medical Expense. For more information, refer to Internal Revenue Code (IRC) Section 223, corresponding Internal Revenue Service (IRS) guidance, IRS Publication 505-Tax Withholding and Estimated Tax, and/or www.irs.gov.

SIGNATURE

I certify that I am the proper party to receive payment(s) from the Health Savings Account (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. All decisions regarding this withdrawal are my own. I expressly assume the responsibility for consequences which may arise from this withdrawal and I agree that HSA Bank shall not be held responsible.

Signature:	Date:
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