

# YOUR HSA TRANSFER

It's easy to consolidate your accounts

## Need help?

HealthEquity is available to help you with your transfer every hour of every day:

**866.346.5800**

## Save with an HSA

HealthEquity makes it easy for you to manage your health savings account (HSA) by providing convenient access online and through our mobile app. You can also save on potential administration fees from your prior custodian by consolidating your HSA with HealthEquity.

## Moving your HSA is simple:

**1. Download the HealthEquity transfer form<sup>1</sup> at:**  
[HealthEquity.com/form](http://HealthEquity.com/form)

**2. Complete the form entirely.**

Since HSAs are individually held accounts, only you (the account owner) can request your account be closed and the balance be transferred.

**3. Send the completed form to HealthEquity via mail, fax or email.**

Address: HealthEquity, Attn: Employer services  
15 W Scenic Pointe Drive, Ste 100  
Draper, UT 84020

Fax: 520.844.7090

Email: [dms-inbox1@healthequity.com](mailto:dms-inbox1@healthequity.com)

## We'll take it from there

HealthEquity will submit the form to your prior administrator to initiate the transfer of your balance to your HealthEquity HSA (less any applicable closing fees assessed by your prior administrator). The transferred amount will appear in your HealthEquity account within four to six weeks (processing timeframes and blackout periods vary by administrator).

**HealthEquity**<sup>®</sup>

15 W. Scenic Pointe Drive, Ste. 100  
Draper, UT 84020 | [www.HealthEquity.com](http://www.HealthEquity.com)

## Earn double interest

Transfer an existing HSA to HealthEquity and earn double interest. For details, visit [www.HealthEquity.com/doubleit](http://www.HealthEquity.com/doubleit).

<sup>1</sup> Most administrators will accept the HealthEquity form. Please contact your current administrator to confirm. ©2013-2016 HealthEquity All rights reserved. HSA\_Transfer\_July\_2016

Nothing in this communication is intended as legal, tax, financial or medical advice. Always consult a professional when making life changing decisions. It is the members' responsibility to ensure eligibility requirements as well as if they are eligible for the plan and expenses submitted.

# Transfer Request Form

Email, mail or fax completed forms to:

**Email:** transfer@healthequity.com

**Address:** HealthEquity, Attn: Operations  
15 W Scenic Pointe Dr, Ste 100, Draper, UT 84020

**Fax:** 520.844.7090

**HealthEquity**<sup>®</sup>  
Building Health Savings™

Use the transfer request form to transfer monies directly from another custodian into your HealthEquity<sup>®</sup> HSA.

\*Required fields

## Part I—Primary Account Holder Information

|                 |                          |   |   |                |
|-----------------|--------------------------|---|---|----------------|
| Last Name*      | First Name*              | M.I.  | Gender<br><input type="checkbox"/> Male <input type="checkbox"/> Female | Date of Birth* |
| Street Address* | City*                    | State*  | ZIP*  |                |
| Email Address   | Daytime Phone<br>( )     | SSN or HealthEquity ID Number* (6 or 7 digits)                                    |   |                |
| Employer Name   | Health Insurance Company | Coverage Level<br><input type="checkbox"/> Single <input type="checkbox"/> Family | Deductible Amount<br>\$   |                |

## Part II—Transfer Information

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. **Note:** Your current custodian may require additional information prior to sending HealthEquity the funds you are requesting. Please contact them to verify the additional information they may need.

|   |   |                      |
|---|---|----------------------|
| Current Custodian/Financial Institution*  | Current Custodian Fax<br>( )  | Daytime Phone<br>( ) |
| Address   | City  | State<br>ZIP         |
| Current HSA/IRA/MSA Account Number  | Amount to Transfer<br><input type="checkbox"/> Specific Amount \$ _____ <input type="checkbox"/> Full Amount (close my account) |                      |
| Please indicate the account type that the monies will be coming from. (See rules and conditions for account types below.)<br><input type="checkbox"/> IRA <sup>1</sup> (individual retirement account) <input type="checkbox"/> MSA <sup>2</sup> (medical savings account) <input type="checkbox"/> Another HSA <sup>2</sup> (health savings account) |   |                      |

## Current Custodian Instructions

Make check payable to HealthEquity and mail it to: **HealthEquity, Attn: Operations**, 15 W Scenic Pointe Dr, Ste 100, Draper, UT 84020

## Authorization

I authorize the transfer of assets in the manner described above and certify that all of the information provided by me is true and complete. This transfer request may close my existing account defined in the Amount to Transfer section.

I authorize HealthEquity to open a Health Savings Account in my behalf and I accept the terms of the HealthEquity HSA Custodial Agreement available at [http://resources.healthequity.com/Forms/Agreements/HealthEquity\\_Custodial\\_Agreement.pdf](http://resources.healthequity.com/Forms/Agreements/HealthEquity_Custodial_Agreement.pdf). I understand that in compliance with the USA Patriot Act, HealthEquity must verify the identity of all individuals who seek to open an HSA. I understand that as part of this identity verification process, I may be asked to provide additional information and/or documentation before my account can be established.

|                           |      |
|---------------------------|------|
| Account Holder Signature* | Date |
|---------------------------|------|

## Transfers

<sup>1</sup>IRA—Beginning in 2007, individuals can make one lifetime 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).

<sup>2</sup>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 IRS Form 8889, line 12a.



### Move It. Double It.

Get double interest on your HealthEquity<sup>®</sup> HSA. Just transfer or roll over \$250 or more from another HSA to HealthEquity and get up to \$25 total. Get full details at [www.healthequity.com/DoubleInterest](http://www.healthequity.com/DoubleInterest).