

Health Savings Account Distribution Request/Account Closure Form

Kaiser Permanente Health Payment Services

P.O. Box 1540, Fargo, ND 58107-1540 • Phone: 1-877-750-3399 • Fax: 1-877-535-0821 • Email: kp@healthaccountservices.com

Step 1: HSA Accountholder Information

*Required Fields

*Accountholder Name (First, MI, Last)		*Employer Name (If sponsored by an employer plan)	
	-		
*Birth Date (MM/DD/YYYY)	*Social Security Number	*Day Telephone	
*Permanent Address		Email Address	
*City	*State	*Zip Code	

Note: Distributions, with the exception of Transfers, will be sent via direct deposit to your personal bank account on file. If no bank account is on file, a check will be mailed.

Step 2: Distribution Information

*2a) Select one of the following types of distribution:

☐ Normal	☐ Divorce (A copy of the Divorce Decree is required)
☐ Prohibited Transaction	Ex-Spouse's Name:
☐ Rollover	Ex-Spouse's Address:
☐ Disability	
☐ Transfer ¹	☐ Excess Contribution Removal
	Date Excess Contribution Occurred

¹ Complete below section for Transfer requests only:

Transfer Check Payable to:				
Mail Check to:				
	Address	City	State	Zip

*2b) Requested Distribution Amount:

☐ Entire Account Balance
☐ Keep my HSA Open
☐ Close my HSA
☐ Other \$

Step 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 Kaiser Permanente. All decisions regarding this distribution are my own. I expressly assume the responsibility for any adverse consequences which may arise from this distribution and I agree that Kaiser Permanente shall in no way be held responsible. I acknowledge that I have read and understood the Rules and Conditions applicable to a distribution on page two. I understand that any applicable fees will be deducted from the distribution amount requested. (See Health Savings Account Fee Schedule.) I acknowledge that this form may be electronically signed and I agree that the electronic signature(s) appearing on this document are the same as handwritten signatures for the purpose of validity, enforceability, and admissibility.

*Signature	Date

Rules and Conditions Applicable to a Distribution

General Information	You must supply all requested information so Kaiser Permanente can do the proper tax reporting. You may not request a distribution on behalf of another death beneficiary. Return the completed form to: Kaiser Permanente, P.O. Box 1540, Fargo, ND 58108-1540. You may also fax (877) 535-0821. Please call Consumer Services at (877) 761-3399 with questions.
Distribution Reason	<u>Normal Distribution</u> 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 1. <u>Rollover</u> A rollover is a way to move money from one HSA to another HSA. The funds you received from your HSA must be deposited into another HSA within 60 days after you receive them. You are entitled to one distribution within a 12-month period that may be rolled over to another HSA. A rollover distribution is reported to the IRS on Form 1099-SA using Code 1. <u>Excess Contribution Removal</u> 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. To avoid paying the excise tax on the excess amount, the excess contribution withdrawal must meet the conditions indicated below. A removal of an excess contribution is reported to the IRS on Form 1099-SA using Code 2. • You withdraw the excess contributions by the due date of your tax return for the year the contributions were made. • You withdraw any income earned on the withdrawn contributions and include the earnings in "other income" of your tax return for the year you withdraw the contributions and earnings. <u>Disability</u> 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. <u>Transfer</u> If you are requesting a distribution as a transfer, please provide the new custodian's name and address. The check will be made payable to the new custodian. <u>Prohibited Transaction</u> If you have performed a prohibited transaction as defined in IRC Sec. 4975(c), you may be subject to an IRS penalty. If the prohibited transaction is not corrected in a timely manner, an additional penalty may be imposed. A prohibited transaction is reported to the IRS on Form 1099-SA using Code 5. <u>Divorce</u> An accountholder's HSA can be transferred to an HSA established for the ex-spouse (or spouse) under a decree of divorce or separate maintenance. In the event of such a transfer, the distribution is not taxable or subject to the additional 20% tax, and the ex-spouse (or spouse) becomes the account holder of the HSA. After the transfer, the ex-spouse (or spouse) like any other HSA accountholder, may designate a beneficiary to receive any amounts remaining in the HSA upon his or her own death, may roll over (or directly transfer) some or all of them HSA's account balance into another HSA, and may add to the HSA through rollovers, transfers, and contributions if relevant criteria are satisfied.
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 distribution. I hereby acknowledge that, due to the important tax consequences relating to selecting distributions or rolling funds over to an HSA, I have been advised to see a tax professional. State tax laws may vary, and I agree that Kaiser Permanente makes no representations as to the tax effect of this distribution or rollover under state law. I also acknowledge that my rollover or distribution of funds from the HSA is completely voluntary. I assume the responsibility for any consequences that I or my beneficiaries may experience relating to this distribution or rollover. I agree that Kaiser Permanente shall in no way be responsible for those consequences. All information provided by me is true and correct and may be relied upon by Kaiser Permanente.