

Limited-Purpose FSA Deductible Verification Form

Complete this form if you are enrolled in a Limited-Purpose Flexible Spending Account (LP-FSA) and have met your minimum, qualified IRS healthcare plan deductible for the current plan year. When the minimum, qualified IRS healthcare plan deductible for your LP-FSA has been met for the current plan year, your account will be converted to a General Purpose (or Post-Deductible) FSA. The General Purpose FSA enables reimbursements for general medical expenses.

Instructions — Complete all fields below and return signed form to one of the following:

Online: Log in to your HSA Bank account. If you haven't created your username and password yet, please do so at hsabank.com and then log in. Next, select Resources from the left navigation, and in the Secure Document Upload section, click Upload.

Email: hsaforms@hsabank.com; Mail: HSA Bank, P.O Box 939, Sheboygan, WI 53082

Call 800-357-6246 for assistance.

All fields are required.

Accountholder Information

First name:	MI:	Last name:		
Date of birth (mm/dd/yyyy):		Full social security number:		
Mailing address:		City:	State:	Zip:
Phone number:		Email address:		
Employer name:				

FSA Deductible Information

Plan year start date (mm/dd/yyyy):	Plan year end date (mm/dd/yyyy):
Date FSA deductible was met (mm/dd/yyyy):	Deductible amount: \$

Accountholder Signature

As the accountholder whose information appears above, I hereby certify that the information provided by me is accurate and I have met the IRS minimum deductible for my plan year.	
Accountholder signature:	Date: