

Health Savings Account Death Distribution Form

Please complete this form and submit with an original, certified copy of the death certificate. For assistance, please call 844-650-8945

Step 1: Accountholder Information

In this section, provide information about the deceased.

Accountholder first name:	Accountholder middle initial:	Accountholder last name:
Date of birth (MM/DD/YYYY):	Social Security number:	

Step 2: Beneficiary/Executor Information

Is there a beneficiary on file with HSA Bank? <input type="checkbox"/> Yes – spouse - skip to A <input type="checkbox"/> Yes – individual (non-spouse), trust, or company - skip to B <input type="checkbox"/> No – executor(trix) and/or administrator(trix) - skip to C <input type="checkbox"/> No – if small estate or similar proceeding – skip to D			
A. Spouse as a beneficiary Please provide your current information below. As a named spousal beneficiary, you have the option to have the balance of the Health Savings Account (HSA) transferred to an HSA in your name. If you would like this option, please contact us at 844-650-8945 for additional paperwork required for an internal or external transfer. Note: There will be tax consequences if you elect a distribution. Preferred transfer method: <input type="checkbox"/> Mail check <input type="checkbox"/> Internal transfer <input type="checkbox"/> External transfer			
First name:	Middle initial:	Last name:	
Date of birth (MM/DD/YYYY):	Social Security number:		
Address:	City:	State:	ZIP code:
B. Individual or trust as a beneficiary If you are not the spouse, but an individual or company or a trustee of a trust that is listed as a beneficiary, please provide the applicable information below. You do not have an option to transfer the balance of the HSA into your name. If there is more than one beneficiary or co-trustee, please attach a separate page with the information below for each.			
Beneficiary name (First, MI, Last)/Name of trustee and trust/Company name and authorized signer and title:			
Beneficiary/Trustee/Company address:			
Beneficiary/Trustee/Company phone number:		Beneficiary/Trustee/Company email:	
Beneficiary Social Security number/Trust EIN number/Company EIN:		Birth date/Date trust established:	

C. Executor or representative of the estate

If you are the Executor(trix), Administrator(trix), or Personal Representative of the Estate, please provide the information below. You do not have an option to transfer the balance of the HSA into your name.

If there is more than one Executor or Administrator or Personal Representative, please attach a separate page with the information below for each.

Executor/Administrator/Personal representative name:

Executor/Administrator/Personal representative address:

Executor/Administrator/Personal representative phone number:

Executor/Administrator/Representative email address:

Estate EIN number:

D. Small Estate or Similar Estate Paperwork

Please provide a Small Estate Affidavit and/or similar estate paperwork, and the information below regarding the recipient of funds. You do not have an option to transfer the balance of the HSA into your name.

Recipient first name:

Recipient middle initial:

Recipient last name:

Recipient date of birth: (MM/DD/YYYY)

Recipient Social Security number:

Address:

City:

State:

Zip code:

Step 3: Authorized Signature

I certify that I am the proper party to request payment(s) from this HSA and that all information provided by me is true and accurate. I further certify that no legal or tax advice has been given to me by HSA Bank. I expressly assume the responsibility for any adverse consequences which may arise from this withdrawal and I agree that HSA Bank shall in no way be held responsible. I acknowledge that I have read and understood the tax information for Beneficiaries below.

Signature:

Date:

Title (If signing in a capacity other than an Individual, please check appropriate box):

Administrator(trix)

Executor(trix)

Trustee

Authorized Agent

Submit the completed form with an original certified copy of the death certificate to:

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

HSA Bank may require additional documents from you before a transfer or distribution is made.

Tax Information for Beneficiaries

If you are requesting a distribution as a death beneficiary, you must provide a copy of the death certificate to verify your entitlement to receive the distribution. Death distributions to non-spouse beneficiaries are generally considered ordinary, taxable income of the beneficiary. A death distribution is reported to the IRS on Form 1099-SA, according to the following:

If the financial organization is notified of death and the distribution is made to the beneficiary in the year of death, Code 4 is used to report the distribution.

If the financial organization is notified of death and the distribution is made to the beneficiary in the year following the year of death, Code 1 is used if the beneficiary is the spouse, Code 4 is used if the beneficiary is the estate, and Code 6 is used if the beneficiary is not the spouse or the estate.

In all circumstances, you are encouraged to consult an attorney or tax advisor regarding this form and the Health Savings Account. HSA Bank does not provide legal or tax advice.

For assistance, please call 844-650-8945.