

# Health Savings Account Rollover Request Form



**Important Information-Please read before completing this form:**

- Complete this form for an HSA Rollover involving a check.
- You must open a Health Savings Account (HSA) with HSA Bank prior to completing this form. Please visit us at [www.hsabank.com](http://www.hsabank.com) to enroll today.
- For a direct transfer from an HSA or MSA to HSA: Complete the Health Savings Account Direct Transfer Request Form. Available on the Member Website.
- For an IRA to HSA Transfer: Complete the IRA to HSA Transfer Form. Available on the Member Website.
- For assistance, please contact our Client Assistance Center for more information on this process at (800) 357-6246.

PART 1: ACCOUNTHOLDER INFORMATION										
(You must open an HSA with HSA Bank by submitting an application prior to completing this form.)										
First Name:				Middle Initial:			Last Name:			
Street Address:				City:			State:		Zip Code:	
Daytime Phone Number:					Email Address:					
HSA Bank Account Number: (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 <b>NOT</b> the same as your Debit Card number.)										
Full 9-digit Social Security Number:										
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PART 2: REQUEST TYPE										
<b>MSA or HSA Rollover:</b> I currently have a Health Savings Account (HSA) or Medical Savings Account (MSA) with another Trustee and have been issued a check in the amount of \$_____. I would like to roll the funds over into my existing HSA with HSA Bank.										
PART 3: ACCOUNTHOLDER AUTHORIZATION										
I have read and understand the rules and conditions on the bottom of this form and I have met the requirements for making the designated transaction. Due to the important tax consequences of the designated transaction, I have been advised to see a tax professional. All information provided to me is true and correct and may be relied on by the Trustee or Custodian. I assume full responsibility for this transaction and will not hold HSA Bank liable for any adverse consequences that may result.										
Accountholder Signature:							Date:			
INSTRUCTIONS										
Attach a check endorsed or made payable to "HSA Bank" when submitting this form. Mail to HSA Bank, P.O. Box 939, Sheboygan, WI 53082-0939.										
RULES AND CONDITIONS APPLICABLE TO ROLLOVERS										
<b>General Information</b>										
A rollover is a way to move money or property from an MSA or HSA. The Internal Revenue Code (IRC) limits how many rollovers may be taken, how quickly rollovers must be completed, and how the Trustee or Custodian must report the transaction. By properly completing this form, you are certifying to the Trustee or Custodian that you have satisfied the rules and conditions applicable to your rollover and that you are making an irrevocable election to treat the transaction as a rollover.										
1. <b>Timelines</b> – The funds you receive from the distributing MSA or HSA must be deposited into an HSA within 60 days after you receive them. When counting the 60 days, include weekends and holidays. There are generally no exceptions to the 60-day rule and the IRS cannot grant extensions. Receipt generally means the day you actually have the funds in hand. For example, the 60 days would begin on the day following the day you pick up the check from the Trustee or Custodian or you receive the check in the mail.										
2. <b>Twelve-Month Restriction</b> – You are entitled to one distribution per year per HSA which may be rolled over. Twelve (12) months must pass after receipt of one distribution which you roll over before you may take another distribution from the same HSA to roll over. The focus is on distributions out of an HSA.										
You are entitled to roll over the same assets only once in a twelve (12) month period. Twelve (12) months must elapse between the time you receive a distribution of the assets to be rolled over and the time you receive another distribution of those same assets for rollover purposes.										