

Health savings account (HSA)  
instructions upon death of account holder



Upon the death of a HealthEquity account holder, use this form to provide direction regarding the decedent’s HSA.

**Note:** Before processing this request, HealthEquity will liquidate any HSA investments and place the proceeds into the account holder’s HSA cash account. In-kind transfers of investments cannot be made.

<b>HealthEquity contact information</b>			
Please mail or fax completed forms, a certified copy of the death certificate, and any other requested information.			
Address HealthEquity, Attn: Member Services PO Box 14374 Lexington, KY 40512		Fax 801.727.1005	

<b>Deceased account holder information</b>					
Last name		First name		M.I.	
SSN or HealthEquity ID number <sup>1</sup>					

<b>Requestor information</b>						
Requestor full name						
Street address			City		State	Zip
Email address			Daytime phone (     )			

<b>Processing options (choose one of the following)</b>					
<b>I am a designated non-spouse beneficiary listed on the HSA and hereby direct HealthEquity to:</b>					
<input type="checkbox"/> Close the HSA and send a check. Prior to the date of death, the decedent must have filed a valid beneficiary designation form with HealthEquity, listing you as the beneficiary. The check will be made payable to the listed beneficiary and sent to the beneficiary’s address.					
<b>I am the surviving spouse beneficiary and hereby direct HealthEquity to:</b>					
<b>Note:</b> If no beneficiary was named, a surviving spouse is deemed to be the beneficiary.					
<input type="checkbox"/> Transfer the funds to my existing HSA at HealthEquity. My HealthEquity ID number is _____. (You will be notified when the funds have been transferred)					
<input type="checkbox"/> Open a HealthEquity HSA and transfer the funds to my new HSA.					
Birth Date: _____ Social Security Number: _____ Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male					
<input type="checkbox"/> Transfer the funds to my HSA at another financial institution. Send a completed transfer request form from your HSA trustee or custodian along with this form and the death certificate.					
<input type="checkbox"/> Close the HSA and send a check. The check will be made payable to the requestor and sent to the requestor’s address. Note: IRS taxes and penalties may apply if the funds are not used for qualified medical expenses.					
<b>I am the executor, personal representative or successor of the decedent’s estate, and hereby direct HealthEquity to:</b>					
<input type="checkbox"/> Close the HSA and send a check. Send proof of your authority to act with regard to the HSA (e.g. letters testamentary, court appointment or decree, small estate affidavit, etc.), along with this form and the death certificate. The check will be made payable to the estate and sent to the requestor, unless otherwise indicated.					

<b>Authorization</b>	
I certify that all information that I have provided on or with this form is true and correct and may be relied upon by HealthEquity. I understand that this form does not provide legal or tax advice, and that I must contact a competent legal or tax professional for personal advice.	
Signature of requestor	Date

<sup>1</sup>For your protection, do not include debit card numbers.