

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



Use this form to transfer funds from a HealthEquity health savings account (HSA) to an ex-spouse under a decree of divorce or separate maintenance. HealthEquity can only take direction from the account holder or a court of competent jurisdiction.

HealthEquity contact information

Please mail or fax completed forms with a copy of the relevant portion of the decree of divorce or separate maintenance.

Address HealthEquity, Attn: Member Services PO Box 14374 Lexington, KY 40512	Fax 801.727.1005
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Primary account holder information

Last name	First name	M.I.
E-Mail address	Daytime phone ()	SSN or HealthEquity ID number ¹

I am the account holder named above and hereby authorize and direct HealthEquity to take the following actions:

1. Transfer _____ (dollar amount or percentage) of the total balance in my HSA as of _____ (date), as ordered by the court, to my ex-spouse using the information provided below. I understand that if a portion of my HSA is invested in mutual funds, I may need to liquidate some or all investments to ensure sufficient funds are available for this transfer.

Ex-spouse name:

Street address	City	State	Zip
E-Mail address	Daytime phone ()		

- 2. Remove my ex-spouse's access and rights to my HSA (if any), including any power of attorney.
- 3. Cancel the HealthEquity® Visa® Health Account Card² issued to my ex-spouse (if any).
- 4. Share my HSA information (including account number) as needed to facilitate the transfer.

Note: HealthEquity will process this request within seven business days of receipt, and complete the transfer as soon as your ex-spouse has been contacted and provides instructions. In some cases, it may take several weeks for the funds to be transferred.

Authorization

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 account holder	Date
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¹ For your protection, do not include debit card numbers.

² The HealthEquity® Visa Health Account Card is issued by The Bancorp Bank pursuant to a license from Visa U.S.A. Inc. The Bancorp Bank; Member FDIC.

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