

Rollover Request Form



Mail or fax completed forms to:

Address: HealthEquity, Attn: Member Services
PO Box 14374, Lexington, KY 40512

Fax: 801.846.2929

Use the rollover request form to roll over funds into your HealthEquity® HSA that have already been distributed to you from another custodian.

Primary account holder information					*Required fields
Last name	First name	M.I.	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth	
Street address	City	State	ZIP		
Email address	Daytime phone ()	SSN or HealthEquity ID number*			
Employer name	Health insurance company	Coverage level <input type="checkbox"/> Single <input type="checkbox"/> Family	Deductible amount \$		

Rollover information
Please specify dollar amount to rollover* \$ _____

Banking information* (If no option is selected, form is void)
<input type="checkbox"/> Option 1 — Check I have included a check for the amount of the distribution from another HSA. Please make check payable to HealthEquity. When you provide a check as payment, you authorize HealthEquity to either use the information from your check to make a one-time, Back Office Conversion (BOC), electronic fund transfer from your account if eligible, or to process the payment as a check transaction. Funds processed via BOC may be withdrawn from your account as soon as the same day your payment is received.
<input type="checkbox"/> Option 2 — Use verified EFT account already on file associated to my HSA. Please provide last 4 of account number _____.* Note: Account must be verified for contributions in order for HealthEquity to pull the funds via EFT.
<input type="checkbox"/> Option 3 — One-time electronic funds transfer (EFT). (Form must be accompanied by a copy of a voided or an actual check)

Authorization	
I authorize HealthEquity to open a Health Savings Account in my behalf and I accept the terms of the HealthEquity HSA Custodial Agreement available at http://resources.healthequity.com/Forms/Agreements/HealthEquity_Custodial_Agreement.pdf . I understand that in compliance with the USA Patriot Act, HealthEquity must verify the identity of all individuals who seek to open an HSA. I understand that as part of this identity verification process, I may be asked to provide additional information and/or documentation before my account can be established.	
Account Holder Signature (required)	Date

Rollovers
A rollover is a way to move money or property from a medical savings account (MSA) or existing health savings account (HSA) to a HealthEquity HSA. The Internal Revenue Code (IRC) limits how many rollovers may be taken, how quickly rollovers must be completed, and how the custodian must report the transaction. 1. Timelines The funds you receive from an MSA or HSA must be deposited into an HSA within 60 days of receiving them. When counting the 60 days, include weekends and holidays. Receipt generally means the day you actually have the funds in hand. For example, the 60 days would begin on the day you pick up the check from the Custodian or you receive the check in the mail. The 60 day rule is set by the IRS and cannot be changed by HealthEquity. 2. Twelve-month restriction You are entitled to one distribution per year per HSA, which may be rolled over to another HSA. Twelve (12) months must pass after receipt of one rollover before you may make another distribution from the same HSA to rollover.

Note: Incomplete forms will not be processed. In such cases, we will attempt to contact you via email or phone to advise that the form was missing information.

Move It. Double It.

Get double interest on your HealthEquity® HSA. Just transfer or roll over \$250 or more from another HSA to HealthEquity and get up to \$25 total. Get full details at www.healthequity.com/double-it.