



# HEALTH SAVINGS ACCOUNT DEATH DISTRIBUTION REQUEST FORM

Use this form to authorize a distribution of assets from a decedent's HSA, directly to you as the beneficiary.

**\*\*Attach a notarized copy of the death certificate\*\***

## Accountholder Information (Beneficiary completes this section with HSA Accountholder Information)

_____ Last Name	_____ First Name	_____ Middle Initial
_____ Social Security Number	_____ Employee ID and Employer (if applicable)	

## Beneficiary Information (Beneficiary completes this section with his/her information)

Please Select Beneficiary Type:  Spouse  Non-Spouse  Estate - A copy of the Letter Testamentary is required to validate executorship.

_____ Last Name	_____ First Name	_____ Middle Initial
_____ Address	_____ City, State & ZIP	
_____ Social Security Number	_____ Date of Birth	
_____ Telephone Number	_____ Driver's License Number	

## Processing Option (Please choose only one)

- I am the spouse and I am requesting the account to remain an HSA account.** By completing this section, I am requesting that a new HSA account be opened in my name. I will receive an HSA Enrollment Form to be completed and signed in order to finalize the account. After the setup is complete, the HSA funds remaining in my spouse's account will be transferred to my new account.
- I am the spouse and I am requesting payout and closing of my spouse's HSA account.** Amounts distributed will generally be included in my gross income, except for any amount used to pay for medical expenses I incur before the distribution date or medical expenses that were incurred by my spouse before death (and paid by me within one year after the date of death).
- I am a non-spousal beneficiary requesting payout.** I am required to include the funds received in my gross income, except for any amount used to pay for medical expenses incurred by the HSA Accountholder (and paid by me within one year of the Accountholder's death).
- I am the executor of the Estate of the Decedent.** If there is no designated beneficiary, the entire amount of the HSA shall be paid to the estate of the deceased and included on the decedent's final income tax return.

## Rules, Conditions and Signature

Checks will be issued and mailed to the address provided above. To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies any person to whom funds are being distributed prior to completing the distribution. If the HSA consists of mutual funds, these funds will be liquidated and transferred/distributed as cash. Surency and Healthcare Bank reserve the right to complete this liquidation at such time that is reasonable upon receipt and verification of this form.

Due to the important tax consequences relating to the death of an HSA Accountholder, I have been advised to see a tax professional. State tax laws may vary, and I agree that neither Surency nor Healthcare Bank makes any representation as to the tax effect of this distribution under state or federal law. The information provided is in general terms only to provide some information relating to the tax consequences of a decedent's HSA account. Information provided by me is true and correct and may be relied upon by Surency and Healthcare Bank. I assume full responsibility for this transaction and will not hold Surency or Healthcare Bank liable for any adverse consequences that may result. I am the individual authorized to execute this transaction. I have read and understand the instructions, rules and conditions relating to this transaction.

\_\_\_\_\_  
Signature of HSA Beneficiary

\_\_\_\_\_  
Date

**Return completed form back to Surency at email: [flex@surency.com](mailto:flex@surency.com) - fax: 316-272-4841  
or mail: P.O. Box 789773, Wichita, KS 67278-9773  
866-818-8805 | [Surency.com](http://Surency.com)**