



HSA Today™ Expense Detail and Request for Distribution

Account Holder Information

Name of Account Owner:		HSA Account Number:	
Address:		Social Security Number:	
City:		Daytime Phone Number:	
State:	Zip:	Date of Birth:	
Employer:		Date of Death (if applicable):	

- Check One:**
- Please enter my receipts in the claims vault. No reimbursement requested. Complete 1, ONLY.
 - Please enter my receipts in the claims vault. Yes, reimbursement requested. Complete 1 and 2.
 - Reimbursement ONLY, No claims to submit for claims vault at this time. Complete 2, ONLY.
 - Send Refund to my Employer.

Expense Detail

If this distribution from your HSA is for a Qualified Medical Expense and you want your Plan Service Provider to Certify that the expenses are qualified for tax filing purposes, then please supply medical expense information below. Use a copy of this form if you need more space.

Receipt Attached	Date of Service	Patient Name	Relationship	Provider	Description of Service	Amount
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
					Total	

Reason for Distribution (check one) and Payment Instructions

<input type="checkbox"/> Normal Qualified Distribution <input type="checkbox"/> Non-Qualified Distribution <input type="checkbox"/> Disability <input type="checkbox"/> Withdraw Contribution and send to my Employer	<input type="checkbox"/> Withdrawal Excess Contributions & Earnings for Tax Year _____ <input type="checkbox"/> Close Account and Distribute Remaining Balance <input type="checkbox"/> Death <input type="checkbox"/> Other _____
Requested HSA Withdrawal: \$ _____ <input type="checkbox"/> NO Expense Detail <input type="checkbox"/> New Expense Detail	<input type="checkbox"/> Mail check to me (a fee of \$1.50 for each check will apply) <input type="checkbox"/> Deposit into my personal bank account on file. <input type="checkbox"/> New Account or Change Account: Bank Name: _____ Route #: _____ Account #: _____ Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings

Account Holder's Certification For Disbursement

I certify that this distribution requested from my accounts was incurred by me (and/or my spouse and/or eligible dependents), was not reimbursed by any other plan, and, to the best of my knowledge and belief, are eligible Section 213(d) medical expenses and should be treated as a Tax-Free Distribution under my HSA. I will not use the expense reimbursed through this account as deductions or credits when filing my individual income tax return. Any person who knowingly and with intent to injure, defraud, or deceive any insurance company, administrator, or plan service provider, files a statement of claim containing false, incomplete or misleading information may be guilty of a criminal act punishable under law.

HSA Owner's Signature: _____ **Date:** ____/____/____

Send Request for Disbursements: _____ **Fax to:** PSP Fax Number **Mail to:** PSP Mailing Address



Distribution Request Form Instructions **(To be completed by Employee)**

- **Note: If any of the below information changes, DFS will contact the Plan Service Provider via email or phone.**

Completing the Request for Distribution Form

Items that are required to be filled out by the employee are listed below.

Account Holder Information

1. Name of Account Owner (required)
2. HSA Account Number (required)
3. Address (required)
4. Social Security Number (required)
5. City (required)
6. Daytime Phone Number (required)
7. State (required)
8. Date of Birth (required)
9. Zip (required)
10. Date of Death (if applicable)- this needs to be filled in by the spouse or beneficiary of who withdrawals the money from the account, if the account holder is deceased.
11. Employer (required)

Check One

- Please enter my receipts in the claims vault. No reimbursement requested. Complete 1, ONLY.
- Please enter my receipts in the claims vault. Yes, reimbursement requested. Complete 1 and 2.
- Reimbursement ONLY, No claims to submit for claims vault at this time. Complete 2, ONLY.
- Send Refund to my Employer (new item added, this is a private account, if the employer has submitted contributions to an account and they must be removed, the account holder must request the funds and select this option for it to go back to the employer. PSP must notify DFS of the issue so we can be sure to verify the information on the form.)

Expense Detail

Employee can enter expense detail. It is not required for reimbursement.

Employee can enter expense detail without attaching the receipts. This is self-attesting.

Employee can enter expense detail and NOT request the full amount in the claims vault.

Reason for Distribution and Payment Instructions

Check one:

- Normal Qualified Distribution
- Non-Qualified Distribution (will not need to fill out Expense Detail)
- Disability
- Withdraw Contributions and send to my Employer ((new item added, this is a private account, if the employer has submitted contributions to an account and they must be removed, the account holder must request the funds and select this option for it to go back to the employer. PSP must notify DFS of the issue so we can be sure to verify the information on the form.)
- Death
- Withdrawal Excess Contributions & Earnings for Tax Year (Please make sure to list a tax year)
- Close Account and Distribute Remaining Balance (this option is no longer available for selection, only listed to view old claims that were entered as closed prior to the NEW close account process)**
- Other

Enter the Amount Requested for Withdrawal

- Check either
 - Mail check to me (**a fee of \$1.50 for each check will apply**)
 - Deposit into my personal bank account on file.
 - New Account or Change Account
 - List bank account name, routing number, account number and account type: checking or savings

Additional Assistance with Payment Options and Expense Detail

Option 1

Employee wants to request funds from HSA account but has not submitted receipts.

- The form can be completed with only the "Requested HSA Withdrawal" amount. No expenses to enter. If employee marks it as Qualified, they must keep their receipts themselves in case they are audited.

Option 2

Employee wants to request funds from HSA account with receipts attached.

- Complete request portion and enter expenses in the expense detail section.
- Employee can attach receipts.
- Similar to the process of doing FSA claim processing.

- If expenses are entered, the expense can be seen in the claims vault

Option

Employee wants to turn in receipts, but do not request an amount.

- Complete expense detail on form but do NOT enter an amount in the "Requested HSA Withdrawal" section.
- TPA can enter the expense detail without entering a request date or request amount and release the batch.
- Since the request and the expense are not linked together as in the 125 system, if the employee decides to request funds at a later date, the TPA does not have to go back and search for the prior expense detail form in the system and then enter an amount on it. See option 1 to complete the Request.

Option 4

If the employee has turned in a request amount and for any reason the TPA needs to put the requested amount on hold. Check the hold checkbox.

- If there is no requested amount or date, the request cannot be put on hold.
- Expenses cannot be put on hold, technically claims vault. If expenses do not meet certification requirements, the PSP will be able to set a portion of the expense amount ineligible.

Account Holder's Certification for Disbursement

Please read the information provided, sign and date.