



# Health Savings Account Death Distribution Form

Use this form to authorize a distribution of assets from a decedent's HSA, directly to you as the beneficiary. Complete all sections of this form, **attach a notarized copy of the death certificate** and forward to: **Benefit Extras, Inc., P.O Box 1815, Burnsville, MN 55337**. If you have questions regarding a beneficiary distribution, please call Benefit Extras, Inc. at (952) 435-6858 or toll-free at (866) 435-6858.

\*Required Fields

Part I HSA Deceased Account Holder Information	
*Name (First, MI, Last)	
*Birth Date (MM/DD/YYYY)	*Social Security Number

\*Required Fields

Part II Beneficiary Information (Beneficiary completes this section with his/her information)		
*Name (First, MI, Last)	*Beneficiary Type <input type="checkbox"/> Spouse <input type="checkbox"/> Non-Spouse Beneficiary	
*SSN	<input type="checkbox"/> Estate (see below for documentation requirements)	
*Address		
*City	*State	*Zip
*Email	*Day Phone #	

Part III Processing Options (choose one – cont'd. on following page)
<b>I am the non-spouse beneficiary listed on the HSA requesting Benefit Extras, Inc. to close the HSA and send a check.</b> <input type="checkbox"/> By completing this section, I understand that any amounts I receive will need to be included in my gross income, except for any funds used to pay for medical expenses incurred by the deceased HSA Account Holder (and paid by me within one year of the Account Holder's death). 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 direct Benefit Extras, Inc. to:</b> <input type="checkbox"/> Open a new HSA account for me. <i>Please complete and submit the Enrollment Form along with this Form.</i> <input type="checkbox"/> Transfer the funds to my existing HSA at Benefit Extras, Inc. <input type="checkbox"/> Transfer the funds to my HSA at a different HSA provider. <i>Please send a completed Transfer Form from your existing HSA custodian along with this request.</i> <input type="checkbox"/> Close the HSA and send me a check. <i>Note that IRS taxes and penalties may apply if not used for qualified medical expenses.</i>



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**I am the executor of the Estate of the Decedent and direct Benefit Extras, Inc. to:**

Close the HSA and send a check. *Include proof of your authority to act with regard to the HSA (for example, letters of testamentary, court appointment, small estate affidavit, etc.) along with the death certificate. The check will be made payable to the estate and sent to the requestor.*

## Rules, Conditions & Signature

I certify that all information is true and correct and may be relied upon by Benefit Extras, Inc. I understand if the HSA includes invested assets, these funds will be liquidated and distributed as cash. Due to the important tax consequences relating to the death of an HSA Account Holder, I have been advised to see a tax professional. State tax laws may vary, and I agree that Benefit Extras, Inc. makes any representation as to the tax effect of this distribution under state or federal law. I assume full responsibility for this transaction and will not hold [Insert HSA Administrator Here] 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