

**Instructions**

1. Use this form to request a distribution from your HSA for one of the reasons indicated below. **For death distributions, complete the Death Distribution Request Form.**
2. Fax the completed form to 316.462.3392 or forward to:  
The Taben Group  
C/O Surency Life & Health  
PO Box 789773  
Wichita, KS 67278-9773  
[www.taben.com](http://www.taben.com)
3. If you have any questions regarding distributions from your HSA, please call 855.826.8692.

**Accountholder Information**

Employer Name (Do not abbreviate)	Employee ID Number
Accountholder Name (Last, First, Middle Initial)	Social Security Number
Physical Address (Cannot be a PO Box)	Daytime Telephone Number
City, State & Zip	

\*\*Updates or changes to your profile can be made by logging into your account at [www.flexsupport@taben.com](http://www.flexsupport@taben.com)\*\*

**Distribution Information**

Requested Amount \$ \_\_\_\_\_ Type of Payment: Check (Fee of \$2.50 will be charged)  
Direct Deposit (Must be already set up for direct deposit)

**Select one of the following:**

**Normal** - For payment of qualified medical expenses; save your receipts.

**Disability** - If the disability renders you unable to engage in any substantial gainful activity and it is medically determined that the condition will last continuously for at least 12 months or lead to your death. Disability distributions are subject to ordinary income tax.

**Prohibited Transaction** - Use of HSA funds for anything other than a qualified medical expense; if not corrected in a timely manner, IRS penalties may be imposed.

**Excess Contribution Removal** - Amount of excess contribution \$ \_\_\_\_\_ Date excess contribution occurred \_\_\_\_\_

**Rollover to Accountholder** - Check will be made payable to HSA Accountholder and mailed to your address on file. **NOTE:** IRS limits the number of rollovers that may be taken, how quickly rollovers must be completed and how the trustee or custodian must report the transaction. If you need additional information, please contact your tax advisor. By selecting this option, you are certifying to the bank that you have satisfied the rules and conditions applicable to your rollover and that you are making an irrevocable election to treat the transaction as a rollover. The funds you receive from the distribution of an HSA must be deposited into another HSA within 60 days from when you receive them. You are entitled to one distribution per year per HSA which may be rolled over. You are entitled to roll over the same assets only once in a twelve-month period.

**Transfer to Custodian** - Transfer Check Payable to: \_\_\_\_\_  
Mail Check to: \_\_\_\_\_

**Close HSA** - By checking this box, I understand that my available balance less a \$25.00 fee will be distributed.

**Signature** I certify that I am the HSA Accountholder or an individual authorized to execute this transaction. I have read and understand the instructions and any rules or conditions relating to this transaction. I assume full responsibility for this transaction and will not hold the Taben Group, its affiliates, or HealthcareBank liable for any adverse consequences that may result. I have not received tax or legal advice from the Taben Group, its affiliates, or HealthcareBank and, if necessary, will seek the advice of a tax or legal professional to ensure my compliance with related laws. All information provided by me is true and correct and may be relied upon the Taben Group, its affiliates and HealthcareBank.

\_\_\_\_\_  
Signature of HSA Accountholder

\_\_\_\_\_  
Date

