



##37PNC#####

# HSA Death Distribution

Please complete all sections of this form to authorize a distribution of assets from a decedent's HSA, directly to you as the beneficiary or to the estate of deceased. For distribution amounts less than \$2,500, you must provide a **copy** of the death certificate. For distribution amounts greater than \$2,500, you must provide a **certified copy** of the death certificate. Guardianship paperwork must be submitted if beneficiary is a minor.

All distributions to an Estate require a copy of recorded court documentation and IRS approved Estate Identification Number (EIN) to validate executorship of the estate. Acceptable recorded court documentation includes Court-issued Letters Testamentary or Letters of Administration appointing an executor or administrator for formal probate. For small estates a properly executed Small Estate Affidavit is acceptable.



**Fax completed form to:**  
855.588.1028



**Mail completed form to:**  
WealthCare Saver  
P.O. Box 162177  
Altamonte Springs, FL 32716



**Questions about this form?**  
630-773-2337  
support@bbpadmin.com

**Section 1: Current Account Holder Information** (beneficiary/executor of estate completes this section with HSA account holder information)

ACCOUNT NUMBER (12 digits beginning with 601)

LAST NAME

FIRST NAME

MIDDLE INITIAL

EMPLOYER NAME

SOCIAL SECURITY NUMBER

EMAIL ADDRESS

TELEPHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

**Section 2: Beneficiary / Estate Information** (beneficiary/executor completes this section with beneficiary's/estate's information)

LAST NAME

FIRST NAME

-OR- ESTATE NAME

TELEPHONE NUMBER

DATE OF BIRTH

SSN -OR- ESTATE ITIN

STREET ADDRESS

CITY

STATE

ZIP CODE

Complete Next Page ➤

### Section 3: Processing Option (please choose only one)

Select the appropriate option if you are the beneficiary named on the decedent's existing HSA Account.

**Transfer to Existing HSA Account (Named Spouse Beneficiary):** I am the named spouse beneficiary and I am requesting that HSA funds remaining in the decedent's account be transferred to my existing HSA account.

**Request Payout (Named Spouse Beneficiary):** I am the named spouse beneficiary and I am requesting payout and closing of my husband's/wife'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).

**Request Payout (Non-Spouse Beneficiary):** 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 Account Holder (and paid by me within one year of the Account Holder's death).

Select this option if there is no beneficiary named on the decedent's existing HSA Account.

**Request Payout (Estate):** 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.

### Section 4: Withdrawal / Transfer Details

If you are the surviving spouse that is named as a beneficiary on the decedent's existing HSA Account and wish the funds to be transferred to your existing HSA account with us, please provide your existing HSA Account Number.

\_\_\_\_\_ HSA ACCOUNT NUMBER (12 digits beginning with 601)

SPECIFIC AMOUNT

ENTIRE AMOUNT AND CLOSE ACCOUNT

If you are the surviving spouse that is named as a beneficiary on the decedent's existing HSA Account and wish the funds to be transferred to your existing HSA Account maintained at another financial institution, please provide the name and mailing address of this financial institution.

\_\_\_\_\_ BANK NAME

\_\_\_\_\_ BANK ADDRESS

SPECIFIC AMOUNT

ENTIRE AMOUNT AND CLOSE ACCOUNT

In all other cases, funds will be distributed via check to the address provided in Section 2.

Complete Next Page ➤

