

# Rollover Request Form

Mail or fax completed forms to:

**Address:** HealthEquity, Attn: Client Services  
15 W Scenic Pointe Dr, Ste 400, Draper, UT 84020  
**Fax:** 520.844.7090

**HealthEquity**<sup>®</sup>  
Building Health Savings<sup>™</sup>

Use the rollover request form to roll over funds into your HealthEquity<sup>®</sup> HSA that have already been distributed to you from another custodian.

Part I—Primary Account Holder Information			
Last Name	First Name	M.I.	
Street Address	City	State	ZIP
E-Mail Address	Daytime Phone ( )	SSN or HealthEquity ID Number (6 or 7 digits) REQUIRED	
Health Insurance Company	Employer Name		

Part II—Rollover Amount \$ _____	
<input type="checkbox"/> <b>Option 1—Check</b>	I have included a check for the amount of the distribution from another HSA. Please make check payable to HealthEquity. When you provide a check as payment, you authorize HealthEquity to either use the information from your check to make a one-time, Back Office Conversion (BOC), electronic fund transfer from your account if eligible, or to process the payment as a check transaction. Funds processed via BOC may be withdrawn from your account as soon as the same day your payment is received.
<input type="checkbox"/> <b>Option 2—Use the verified electronic funds transfer (EFT) account on file and associated to my HealthEquity<sup>®</sup> HSA.</b>	
<input type="checkbox"/> <b>Option 3—Transfer the funds from the following account.</b>	
<b>(Note: E-mail address is required for EFT.)</b>	
Account type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Financial institution: _____	
City/state: _____	
Routing number: _____	
Account number: _____	

Your Name 1234  
123 Main Street 98-123-1/4359  
Any Town, USA 54321

Pay to the order of \_\_\_\_\_ \$ \_\_\_\_\_ Dollars

Your Financial Institution  
400 Countrywide Way  
Simi Valley, Ca 93065

For: \_\_\_\_\_

⑆ 1 2 2000 78 9 ⑆ 0 123456789 ⑆ 1234

Routing Number      Account Number      Check Number  
(Do not include)

**Form must be accompanied by a copy of a voided or actual check.**

Rollovers
<p>A rollover is a way to move money or property from a medical savings account (MSA) or existing health savings account (HSA) to a HealthEquity HSA. The Internal Revenue Code (IRC) limits how many rollovers may be taken, how quickly rollovers must be completed, and how the custodian must report the transaction.</p> <p><b>1. Timelines</b></p> <p>The funds you receive from an MSA or HSA must be deposited into an HSA within 60 days of receiving them. When counting the 60 days, include weekends and holidays. Receipt generally means the day you actually have the funds in hand. For example, the 60 days would begin on the day you pick up the check from the Custodian or you receive the check in the mail. The 60 day rule is set by the IRS and cannot be changed by HealthEquity.</p> <p><b>2. Twelve-Month Restriction</b></p> <p>You are entitled to one distribution per year per HSA, which may be rolled over to another HSA. Twelve (12) months must pass after receipt of one rollover before you may make another distribution from the same HSA to rollover.</p>



### Move It. Double It.

Get double interest on your HealthEquity<sup>®</sup> HSA. Just roll over \$250 or more from another HSA to HealthEquity and get up to \$25 total. Get full details at [www.healthequity.com/DoubleInterest](http://www.healthequity.com/DoubleInterest).