

Health Savings Account (HSA) Death Distribution Form

Please complete this form and submit it with a copy of the death certificate. This form should only be used to request a distribution due to the passing of the Accountholder. If you're requesting any other type of distribution, please use the Health Savings Account Distribution Request/Account Closure Form.

*=Required Fields

Step 1: Accountholder Information

In this section, provide information about the deceased.

*Employer Name (If sponsored by an employer plan)

*Accountholder Name (First, MI, Last)

*Date of Birth (mm/dd/yyyy)

*Social Security Number

*Address

*City

*State

*Zip

Step 2: Beneficiary Information

If a beneficiary or beneficiaries are on file, the HSA funds will be distributed as indicated on record. If the Accountholder dies before the entire interest in the account is distributed, the entire account will be disposed of as follows:

- If the beneficiary on file is the Accountholder's spouse, the HSA shall become the spouse's HSA as of the date of death.
- If the beneficiary is not the Accountholder's spouse, the HSA shall cease to be an HSA as of the date of death. The fair market value of the account is taxable to the non-spouse primary beneficiary in the tax year that includes such date.
- If the beneficiary is the Accountholder's estate or if there's no beneficiary, the fair market value of the account as of the date of death is taxable on the Accountholder's final personal income tax return.

*Are you the spouse of the deceased and are the beneficiary on file?	Yes	If yes, please provide your current information below. The account will be liquidated in full and closed. Checks will be sent in 5-7 business days. You will have 60 days to open a new HSA in your name.
	No	If no, please provide the information below for the beneficiary(ies) or representative of the estate. The account will be liquidated in full and closed. Checks will be sent in 5-7 business days. Please note: Beneficiary(ies) can't be added after the Accountholder's death. If there's no Beneficiary or Spouse, the account will need to be distributed to the estate and estate information will need to be provided.

*Spouse/Beneficiary Name (First, MI, Last)

*Spouse/Beneficiary Address

*Alternate Beneficiary Name (First, MI, Last)

*Alternate Beneficiary Address

*Estate Federal Tax ID

*Name of Estate Representative

*Estate Address

If there are no beneficiaries, this form should be completed by the executor of the will and provided to Discovery Benefits along with the death certificate of the deceased.

Health Savings Account (HSA) Death Distribution Form, continued

Step 3: Authorized Signature

I certify that I'm the proper party to request payment(s) from this HSA and that all information provided by me is true and accurate. I further certify that no tax advice has been given to me by Discovery Benefits. I expressly assume the responsibility for any adverse consequences that may arise from this withdrawal and I agree that Discovery Benefits shall in no way be held responsible. I acknowledge that I've read and understood the tax information for beneficiaries below.

*Authorized Signature

*Phone Number

*Date

Tax Information for Beneficiaries

If you're requesting a distribution as a death beneficiary, you must provide a copy of the death certificate to verify your entitlement to receive the distribution. Death distributions to non-spouse beneficiaries are generally considered ordinary, taxable income of the beneficiary. A death distribution is reported to the IRS on Form 1099-SA, according to the following:

- If the financial organization is notified of death and the distribution is made to the beneficiary in the year of death, Code 4 is used to report the distribution.
- If the financial organization is notified of death and the distribution is made to the beneficiary in the year following the year of death, Code 1 is used if the beneficiary is the spouse, Code 4 is used if the beneficiary is the estate and Code 6 is used if the beneficiary is not the spouse or the estate.

In all circumstances, you are encouraged to consult a tax adviser regarding this form and the HSA.

Please submit the completed form with a copy of the death certificate to:

Discovery Benefits

PO Box 784

Fargo, ND 58107-0784

Fax: 877-668-9598

Email: individualhsa@discoverybenefits.com