

HSA TRANSFER/ROLLOVER AUTHORIZATION

(PLEASE PRINT)



Instructions – This form is a notification only to Alliance Benefit Group of Illinois (ABG) that you will be transferring or rolling over money from your current account administrator to your MyHSA account administrated by Alliance Benefit Group of Illinois. **All transfers/rollovers must be initiated by you from the custodian you are moving funds from.**

These funds are a transfer/rollover from (check one): MSA or HSA IRA account

ACCOUNT HOLDER INFORMATION		
Name: (First):	(MI):	(Last):
Social Security Number:	Daytime Phone Number:	
Mailing Address:		
City:	State:	Zip:
Current Custodian of Funds:	Amount of Transfer/Rollover: \$	

A trustee to trustee transfer is when the account holder has a trustee from one qualified account send their money directly to another qualified trustee. The account holder never physically receives the money instead their money is sent directly from one HSA/MSA trustee to another HSA trustee. **Send a completed copy of this form to your current HSA administrator and a copy to Alliance Benefit Group of IL (ABG) at the address below.**

This request is to be processed as a Trustee to Trustee transfer

Send this completer form to Alliance benefit Group of IL following the instructions below.

CHECK PROCESSING INSTRUCTIONS

MAKE CHECK PAYABLE TO: CHARLES SCHWAB BANK
On the check put: For Credit to Acct # 201892. **On the check attachment be sure to include the HSA account holder's name and last 4 numbers of their Social Security Number.**

MAILING INSTRUCTIONS

ALLIANCE BENEFIT GROUP OF ILLINOIS
MYHSA DEPARTMENT
456 FULTON STREET, SUITE 345
PEORIA, IL 61602

This request is to be processed as a Rollover

A rollover is a way to move money from a MSA or HSA. The Internal Revenue Code (IRC) limits how many rollovers may be taken, how quickly rollovers must be completed, and how the Trustee or Custodian must report the transaction. By properly completing this form you are certifying to the Trustee or Custodian 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.

ROLLOVER

- Timelines** - The funds you receive from the distributing MSA or HSA must be deposited into an HSA within 60 days after you receive them. When counting the 60 days, include weekends and holidays. There are generally no exceptions to the 60-day rule and the IRS cannot grant extensions. Receipt generally means the day you actually have the funds in hand. For example, the 60 days would begin on the day following the day you pick up the check from a Trustee or Custodian or the date you receive the check in the mail.
- Twelve-Month Restriction** – The IRC allows one rollover per year per HSA. Twelve (12) months must pass after receipt of one rollover before you may make another rollover from the same HSA.

You are entitled to roll over the same assets only once in a twelve (12) month period. Twelve (12) months must elapse between the time you receive a distribution of the assets to be rolled over and the time you receive another distribution of those same assets for rollover purposes. **Send a completed copy of this form along with your rollover check to ABG at the address above.**

CLIENT ACKNOWLEDGEMENT AND SIGNATURE

I acknowledge and certify that the funds listed above are held in an MSA, IRA, FSA, HRA, or HSA which meets the qualifications of the Internal Revenue code. I further certify that I understand the HSA rollover guidelines and that I met the requirements for making a rollover. Due to tax consequences of rolling over funds to an HSA, I have been advised to consult with a tax professional. I assume all responsibility for this rollover transaction and will not hold Alliance Benefit Group and/or The Charles Schwab Trust Company liable for any adverse consequences that may result.

HSA Account Client Signature: _____ Date: _____

Mail completed form to Alliance Benefit Group at the address above or you can fax to 800-688-4329.

If you have any questions please call our customer service at 800-57-MyHSA (1-800-576-9472).