

Instructions: Complete and return to SelfcareHSA.

- Include copy of your identification
- Send to SelfcareHSA either by uploading a photo through your mobile application, fax, or mail

Support@SelfcareHSA.com

Fax: 208-938-4556

SelfcareHSA, 2050 Main St Ste 300, Irvine CA 92614

For assistance: 1-866-HSA-SELF (866-472-7353)

Account Number					
Minimum of last 4 of account number					
Client Information					
First Name		Middle Initial		Last Name	
Social Security Number			Date of Birth		
Home Phone		Cell Phone		Employer (if employer sponsored)	
Address			City	State Zip	
Distribution Information					
Amount		Date		Tax Year	
Distribution Reason:	<input type="checkbox"/> Death (Non-spouse only) FMV Date of Death \$ Distribution is in: <input type="checkbox"/> Year of Death <input type="checkbox"/> After Year of Death Beneficiary Type: <input type="checkbox"/> Estate <input type="checkbox"/> Other			<input type="checkbox"/> Transfer <input type="checkbox"/> To my HSA <input type="checkbox"/> Due to Death <input type="checkbox"/> Due to Divorce	
	<input type="checkbox"/> Correction of Excess Contribution for tax year Amount of excess \$ <input type="checkbox"/> by my tax filling due date, including extensions Earnings attributable to excess \$ <input type="checkbox"/> after my tax filing due date, including extensions.				
Signature					
I certify I am the HSA account holder or other authorized individual executing this distribution request. This request is only for eligible expenses incurred and have not previously been disbursed or will not be disbursed under any other benefit plan and will not be claimed as an income tax deduction. I certify I am responsible for any consequences resulting from this distribution. I understand that my designated representative, custodian or trustee cannot provide legal advice. I indemnify and agree to hold the custodian or trustee and their designated representatives harmless against any liability resulting from this distribution. I confirm this distribution is for domestic purposes only and will not be sent internationally.					
Signature of Owner/Beneficiary				Date	