SelfcareHSA
Powered by Sunwest Bank
Custodian, Member FDIC

HSA Distribution Form

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
SelfcareHSA, 660 E. Watertower St., Meridian ID 83642
Fax: 208-938-4556
Call: 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:	☐Death (Non-spouse only) FMV Date of Death$ Distribution is in: ☐Year of Death ☐After Year of Death Beneficiary Type: ☐Estate ☐Other	☐Transfer ☐To my HSA ☐Due to Death ☐Due to Divorce
	☐Correction of Excess Contribution for tax year Amount of excess $ ☐by my tax filling due date, including extensions Earnings attributable to excess $ ☐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