

Health Savings Account (HSA) Rollover Review

1 HSA OWNER INFORMATION

NAME, ADDRESS, CITY, STATE, AND ZIP		HSA ACCOUNT (PLAN) NUMBER	
		SOCIAL SECURITY NUMBER	
DATE OF BIRTH		DAYTIME PHONE NUMBER	

2 ROLLOVER ELIGIBILITY REVIEW (For further explanation see Additional Information included with this form.)

Complete A or B.

- If "No" is checked, a rollover generally cannot occur.
- If you received a distribution of property, the rules require that the same property be rolled over.

<p>A. Rollover from an HSA to an HSA.</p> <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> I am completing this rollover within 60 days of receiving my distribution.</p> <p><input type="checkbox"/> <input type="checkbox"/> I have met the requirements of the one rollover per 12-month rule.</p>	
<p>B. Rollover from an Archer Medical Savings Account (MSA) to an HSA.</p> <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> I am completing this rollover within 60 days of receiving my distribution.</p> <p><input type="checkbox"/> <input type="checkbox"/> I have met the requirements of the one rollover per 12-month rule.</p>	

3 SIGNATURES

I certify that I am the HSA owner or individual legally authorized to complete this form. I certify the accuracy of the information set forth in this form. I assume full responsibility for the consequences of this rollover decision. I acknowledge that the custodian/trustee cannot provide, and has not provided, me with tax or legal advice. I have been advised to seek the guidance of a tax or legal professional.

_____ Signature of HSA Owner	_____ Date	_____ Signature of Custodian/Trustee	_____ Date
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ADDITIONAL INFORMATION

Purpose. The Health Savings Account (HSA) Rollover Review form is designed to assist you in meeting your responsibility to only roll over eligible assets.

For Additional Guidance. It is in your best interest to seek the guidance of your tax or legal professional before completing this document. You should also reference the HSA agreement and disclosure statement and/or amendments provided by the custodian/trustee. For more information refer to Internal Revenue Code (IRC) Section 223, other relevant IRC sections, and all additional Internal Revenue Service (IRS) guidance; IRS publications that include information about HSAs; instructions to your federal income tax return; your local IRS office; or the IRS's web site at www.irs.gov.

Terms. The following general terms may be helpful in completing your transactions.

Rollover. A rollover occurs when eligible assets paid directly to you are redeposited within 60 days of receiving the distribution.

The 60-Day Rule. You are allowed 60 calendar days from the date you receive your distribution to complete a rollover.

One Rollover Per 12-Month Rule. You are allowed one HSA to HSA or Archer MSA to HSA rollover per 12-month period. If you rolled over a distribution from the same HSA within the previous 12 months, you are not allowed to roll over this distribution. Additionally, assets rolled over within the previous 12 months are not eligible for rollover.

Eligible Recipient. Only the following individuals may be eligible to receive eligible rollover distributions:

- An HSA owner.
- A spouse who is the beneficiary of a deceased HSA owner.

Archer Medical Savings Account (MSA). An Archer MSA is a tax-favored savings account designed to help you pay for qualified medical expenses if you are an employee of a small employer or a self-employed individual participating in a high-deductible health insurance plan. Archer MSA assets may be rolled over or transferred to an HSA.