



Please complete this form and submit with a copy of the death certificate. If you have questions about this process or completing this form, please call (877) 470-1771 (M-F, 7 a.m.-7 p.m. CT).

### Step 1: Consumer/Accountholder Information

*In this section, provide the information about the deceased.*

\*Required Fields

\*Employer Name (If sponsored by an employer plan)

\*Consumer /Accountholder Name (First, MI, Last)

\*Date of Birth(MM/DD/YYYY)

\*Social Security Number

### Step 2: Beneficiary Information

*If a beneficiary(ies) is on file for the deceased, the HSA funds will be distributed as indicated.*

Are you the spouse of the deceased?

Yes\*

No\*\*

*\* If yes, please provide your current information below. The HSA will be transferred in your name.*

\*Your Name (First, MI, Last)

\*Date of Birth(MM/DD/YYYY)

\*Social Security Number

\*Address

\*City

\*State

\*Zip Code

*\*\* 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.*

*If there are more than three beneficiaries, please attach a separate page with the information below for each beneficiary.*

<input type="text"/>	<input type="text"/>
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\*Beneficiary Name (First, MI, Last)

\*Beneficiary Address

<input type="text"/>	<input type="text"/>
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\*Beneficiary Phone Number

\*Beneficiary Email Address



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\*Beneficiary Name (First, MI, Last)

\*Beneficiary Address

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\*Beneficiary Phone Number

\*Beneficiary Email Address

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\*Beneficiary Name (First, MI, Last)

\*Beneficiary Address

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\*Beneficiary Phone Number

\*Beneficiary Email Address

**Step 3: Authorized Signature**

I certify that I am 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 U.S. Bank. I expressly assume the responsibility for any adverse consequences which may arise from this withdrawal and I agree that U.S. Bank shall in no way be held responsible. I acknowledge that I have read and understood the Tax information for Beneficiaries below.

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\*Signature

\*Date

**Submit the completed form with a copy of the death certificate to:**

U.S. Bank Healthcare Payment Solutions, c/o Health Account Services, P.O. Box 6122, Fargo, ND 58108-6122  
Fax: (888) 403-5029

**Tax Information for Beneficiaries**

If you are 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 advisor regarding this form and HSA.