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PO Box 2905 · Fargo, ND 58108-2905

Health Savings Account (HSA) Death Distribution Form

Please complete this form and submit it with a copy of the death certificate and state-issued ID of the individual requesting the distribution and any other applicable documentation. This form should only be used to request a distribution due to the passing of the accountholder. If you're requesting any other type of distribution, please use the Health Savings Account Distribution Request/ Account Closure Form.

*=Required Fields

Step 1: Accountholder Information

In this section, provide information about the deceased.

*Employer Name (If sponsored by an employer plan)

*Accountholder Name (First, MI, Last)

*Accountholder's Date of Birth (mm/dd/yyyy)

*Accountholder's Social Security Number ___-__-____

Step 2: Beneficiary Information

If a beneficiary or beneficiaries are on file, the HSA funds will be distributed as indicated on record. More details can be found on Page 2 regarding how funds are distributed upon receiving this request.

*Are you the spouse of the deceased AND are the beneficiary on file?

☐ Yes — If yes, please provide your current information below. The account will be liquidated in full and closed. Checks will be sent within 7 business days. If you are the spouse of the deceased, you will have 60 days to open a new HSA in your name.

☐ No — If no, please provide the information below for the representative of the estate. The account will be liquidated in full and closed. Checks will be sent within 7 business days. **Please note:** Beneficiary(ies) can't be added after the accountholder's death. If there's no beneficiary or spouse, the account will need to be distributed to the estate and estate information will need to be provided.

*Spouse/Beneficiary Name (First, MI, Last)

*Spouse/Beneficiary Address

*Alternate Beneficiary Name (First, MI, Last)

*Alternate Beneficiary Address

Step 3: Estate Information

*Estate Federal Tax ID

*Executor/Representative Email Address

*Executor/Representative Phone Number ___-___-____

*Estate Address

*City

*State

*Zip

Health Savings Account (HSA) Death Distribution Form, continued

Step 4: No Beneficiaries/No Estate Information

If the accountholder doesn't have a beneficiary, a distribution can be requested by the executor or representative of the account. Additional documentation is required for this type of request. Required documentation is listed below:

- Death certificate
- A legal document confirming who the representative/executor is. (Example: Letter of Testamentary, Letters of Representation)
- State-issued ID for the representative/executor
- A Small Estate Affidavit may be required for accounts that have no estate or no beneficiaries.

Step 5: Authorized Signature

I certify that I'm 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 WEX Health, Inc.. I expressly assume the responsibility for any adverse consequences that may arise from this withdrawal and I agree that WEX Health, Inc. shall in no way be held responsible. I acknowledge that I've read and understood the tax information for beneficiaries below.

*Authorized Signature	*Date

Additional Distribution Information

- If the beneficiary on file is the accountholder's spouse, the HSA shall become the spouse's HSA as of the date of death.
- If the beneficiary is not the accountholder's spouse, the HSA shall cease to be an HSA as of the date of death. The fair market value of the account is taxable to the non-spouse primary beneficiary in the tax year that includes such date.
- If the beneficiary is the accountholder's estate or if there's no beneficiary, the fair market value of the account as of the date of death is taxable on the accountholder's final personal income tax return.

Helpful Definitions

- Letters of Testimony/Representation - A document issued by the probate court that gives an executor the power to act in a fiduciary manner on behalf of the estate. This letter, along with the death certificate, allows you to handle estate business. To obtain your letter of testamentary, you will need to file the will and death certificate in the probate court along with the required forms.
- Small Estate Affidavit - Where the value of an estate is below a certain amount, set by the state of residence, the executor named in the letters of testamentary is allowed to have assets of the estate distributed without involving the probate court.

Tax Information for Beneficiaries

If you're 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 adviser regarding this form and the HSA.

Please submit the completed form with a copy of the death certificate to:

IU HSA/FSA
PO Box 2905
Fargo, ND 58108-2905
Fax: 888-887-9961