

Withdrawal/Distribution Request Form

Please consult a tax advisor before making a withdrawal/distribution to determine any possible tax implications. **Questions?** Please call us at the number on the back of your debit card if you have any questions while completing this form.

Important Note: Please do not provide any card information on this form as forms with debit card numbers will not be processed and will be destroyed for your protection.

046 CO HSA MSA

1 Account holder information

Account holder name: [*]	SSN:
Account #:	Group ID:
Telephone #:	Amount of withdrawal/distribution:

2 Withdrawal/distribution type

Please choose one of the following:

Withdrawal/distribution for reimbursement to myself. I paid for a qualified medical expense and I am requesting reimbursement for the expense.

Withdrawal/distribution for a direct payment to a Provider.

Important: If the check is going to a provider, please provide the patient(s) name and phone number below.

Patient name:

Telephone #:

3 Withdrawal/distribution check information

Please make check payable to the following:

Name:

Mailing address:

City, State ZIP:

4 Account holder authorization

I certify the accuracy of the distribution reason selected above, and I authorize the transaction. I understand that I am responsible for any consequences resulting from this distribution including taxes and penalties owed.

x

Account holder signature

Date

Where to return your form?

By mail: Optum Bank, P.O. Box 271629, Salt Lake City, UT 84127

By fax: 1-866-314-9795

By email: HSAforms@optum.com

Note: Forms without a signature will not be processed