

Health Savings Account Transfer Request Form

Use this form to request your previous trustee/custodian to transfer all or a portion of assets from another HSA into your Consumer Health Solutions HSA. Complete each section and send the completed form to your previous trustee or custodian for processing. Transfers may take 3 to 6 weeks depending on your previous trustee/custodian's processing time.

If you have any questions about HSAs or completing this form, please contact Consumer Health Services at 877-230-8650 x101 or HealthAccounts@ConsumerHealthSolutions.com

Transfer Process:

1. Complete all sections of this form
2. Deliver this completed form to the Custodian who will be transferring funds to your HSA at Consumer Health Solutions.
3. You must have an open HSA With Consumer Health Solutions prior to completing this form. Contact Consumer Health Solutions if you do not have an HSA currently open.

*Required Fields

Part I Consumer Information

*Consumer Name (First, MI, Last)		*Employer Name (If sponsored by an employer plan)	
*Birth Date (MM/DD/YYYY)	*Social Security Number	*Day Telephone	
*Address			
*City		*State	*Zip
Email Address			

Part II Transferring Trustee/Custodian

*Transferring Trustee/Custodian Name		*Contact Name	
*Address			
*City		*State	*Zip
*Account Number or Identification			
Indicate the account type the monies will be coming from. ☐ HSA ☐ Archer MSA ☐ IRA			

Part III Transfer Instructions

This request is for a custodian-to-custodian transfer. The HSA balance currently held by another custodian is to be directly transferred to an HSA at Consumer Health Solutions LLC.

Total Amount to Transfer:

☐ Full Amount (Close my Account - A closure fee of up to \$25 may apply) ☐ Specific Amount _____

Make check payable to Consumer Health Solutions for the Benefit Of [Account Owner's Name] and mail to: Consumer Health Solutions
Attn: HSA Services
10 New England Business Center Drive, Suite 200
Andover, MA 01810

Important Transfer Information

Eligibility for HSA Transfer

You may only transfer funds into a Consumer Health Solutions HSA from an HSA, Archer MSA or IRA. You may only transfer funds if you are the consumer of the transferring HSA, Archer MSA or IRA. If you are the surviving spouse of a deceased consumer, or the former spouse of the consumer who is receiving an interest in the HSA, Archer MSA or IRA pursuant to a divorce or separation agreement, then Consumer Health Solutions for additional instructions.

One-Time Transfer from a Roth or Traditional IRA to an HSA

IRA transfers count toward and are limited to your maximum HSA contribution for the year. The amount of your IRA transfer is not allowed as a deduction. Your funds will be returned in the event that the deposit amount, when added to your total cumulative year-to-date contribution, exceeds the maximum annual contribution threshold as determined by the IRS. Generally, only one transfer may be made during the lifetime of an individual. Penalties may apply if High Deductible Health Plan (HDHP) coverage does not continue for 12 months. This transfer option does not apply to SEP or SIMPLE IRAs.

Excess Contributions

You are not permitted to transfer excess contributions from an HSA, Archer MSA or IRA to a Consumer Health Solutions HSA. If any portion of your transfer is or becomes an excess contribution, it is your responsibility to notify Consumer Health Solutions and request a withdrawal of the excess contribution together with any net income attributable thereto.

Investments

Your HSA will be invested as provided under your HSA arrangement with Consumer Health Solutions.

Additional Information about HSAs

See IRS Publication 969 Health Savings Accounts and other Tax Favored Health Plans, for additional information about HSAs. This publication is available free from the Internal Revenue Service and is available through the IRS Web site: www.irs.gov.

Direct Rollover

If you have already received a distribution from your HSA or IRA, you may be eligible to make a rollover into your Consumer Health Solutions HSA (instead of a transfer). Rollovers can be deposited into your Consumer Health Solutions HSA via the HSA Contribution Form.

Acknowledgement

I hereby acknowledge that, due to the important tax consequences relating to transferring or rolling over funds to an HSA, I am hereby advised to seek the advice of a tax professional before signing this form. I assume the responsibility for any consequences that my beneficiaries or I may experience relating to this transfer, and I agree that Consumer Health Solutions LLC, Inc nor WEX Inc., shall in no way be responsible for those consequences. All information provided by me is true and correct and may be relied upon by the transferring trustee or custodian and Consumer Health Solutions LLC.

State tax laws may vary, and I agree that Consumer Health Solutions LLC nor WEX Inc., makes no representation as to the tax effect of this transfer under state law.

I also acknowledge that my decision to transfer/rollover funds to my Consumer Health Solutions LLC HSA is completely voluntary.

Signature

I acknowledge that I have established an HSA with Consumer Health Solutions LLC and I have read and understand the Instructions, Important Information and Acknowledgment provisions that are included in this HSA Transfer Request Form. I acknowledge that this form may be electronically signed, and I agree that the electronic signature(s) appearing on this document are the same as handwritten signatures for the purpose of validity, enforceability, and admissibility.

*Consumer Signature

*Date

IMPORTANT INFORMATION

This Health Savings Account (HSA) is a custody account with WEX Inc. serving as the custodian. Terms and conditions of the HSA are included in your HSA Agreement.