



# Health Savings Account (HSA)/ Archer Medical Savings Account (MSA) Rollover Request Form

**Form Instructions:** Complete this form to rollover funds from another health savings account (HSA) or Archer Medical Savings Account (MSA) to your HSA held by ConnectYourCare. Your ConnectYourCare HSA must be established before ConnectYourCare can accept rollover funds.

Attach a check endorsed or made payable to "ConnectYourCare FBO [NAME OF ACCOUNTHOLDER]" when submitting this form. Mail to ConnectYourCare at PO Box 851287, 6300 Wayne Road, Westland, MI 48185.

## General Information

The IRS permits HSA assets to be transferred from one HSA trustee to another HSA trustee via two methods—a trustee-to-trustee transfer and a rollover.

A **trustee-to-trustee transfer occurs** when the current trustee sends the HSA funds directly to the new HSA trustee. The IRS does not limit the frequency of trustee-to-trustee transfers. If you intend to have your current custodian directly transfer the funds to ConnectYourCare, please complete the HSA/MSA Trustee-To-Trustee Transfer Form and not the HSA Rollover Request Form.

A **rollover** occurs when the accountholder receives a distribution of the funds from the current trustee, and within 60 days deposits those funds into another HSA. Per IRS regulations, only one rollover every 12 months is permitted.

STEP 1: Account Holder Information			
First Name:	Middle Name:	Last Name:	
Permanent Address:	City:	State:	Zip Code:
Date of Birth: (Month/Day/Year)	Daytime Phone:		
Account Number: (12 digits from your Welcome Kit or statement. Not your card number.)	Social Security Number: (Only Last 4 Digits Required)	X X X / X X / _ _ _ _	

## STEP 2: Rollover Request

**Type of Account**  
Select the type of transferring account:

HSA                       MSA

I currently have a Health Savings Account (HSA) or Medical Savings Account (MSA) with another Trustee and have been issued a check in the amount of \$\_\_\_\_\_. I would like to roll the funds over into my existing HSA with ConnectYourCare.

## STEP 3: Account Holder Authorization

By signing below, I certify that all of the information provided by me is true and correct and may be relied on by ConnectYourCare and I assume full responsibility for this transaction. I understand that I am responsible for determining that this HSA transfer qualifies under the rules and conditions applicable to such transfers and agree to abide by those rules and conditions. I assume responsibility for any tax consequences or penalties that may apply to the transfer of these assets and I agree that ConnectYourCare shall in no way be held responsible.

Signature of Account Holder:	Date:
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**How to Submit:** Attach a check endorsed or made payable to "ConnectYourCare FBO [NAME OF ACCOUNTHOLDER]" and mail to: ConnectYourCare, PO Box 851287, 6300 Wayne Road, Westland, MI 48185

