

HSA Distribution Request Form

Faster, Easier Online Claim Filing

Through your online or mobile account, you can file your claim, check claim status, sign up for notifications, update personal information, enroll in direct deposit, view your detailed policy, and much more!



Two Easy Ways to Register

Online at **americanfidelity.com**

Download AFmobile® from the
Apple App Store or **Google Play**



SB-32082-0219

 **Stop here! Paper claim filing is not the fastest option.** Receive your money faster when you file online or through AFmobile.

A. General Information			
Name		Social Security #	
Employer Name (if applicable)		Address	
Email address		City, State, Zip	
Daytime Phone		Home Phone	
B. Distribution Information			
Distribution amount	\$ _____	Method of distribution (For direct deposit, complete Section C)	
If HSA dollars have been invested, requested distributions must not bring your HSA core account below \$2,500. Otherwise, investment dollars will need to be moved back to your core HSA before requesting distribution.		<input type="checkbox"/> Direct Deposit - <i>This is the fastest way to receive your funds!</i> <input type="checkbox"/> Check	
Do not send your eligible medical expense receipts with your distribution request. All receipts should be kept for your tax records.		Reason for distribution	Eligible medical expense Excess contribution removal Year _____ Other (Tax and penalties may apply to distributions other than for eligible medical expenses.)
C. Direct Deposit Information (if applicable)			
Bank Name		Bank Phone	
Deposit Account	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	Bank Routing Number	
		Bank Account Number	

- I certify that I am the proper party to receive payment(s) from the 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 American Fidelity. All decisions regarding this distribution are my own. I expressly assume the responsibility for any adverse consequences which may arise from this distribution and I agree that American Fidelity shall in no way be held responsible.
- I hereby authorize American Fidelity to make deposits to my account. I understand that it will take approximately 7-10 business days from the date that American Fidelity receives this **authorization for the direct deposit to occur. I understand that it is my responsibility to notify American Fidelity of any changes to my bank account number and routing number.** If I fail to notify American Fidelity of any changes, I will be responsible for reimbursing American Fidelity for all applicable bank charges.

Signature of Accountholder

Date