

HEALTH SAVINGS ACCOUNT Death Distribution Request Form

This form **must be mailed** with a copy of the death certificate to: American Fidelity Assurance Company at the mailing address listed above.

A. Accountholder Information (HSA Accountholder Information)			
Full Name		Social Security #	
Employer Name		DOB (mm/dd/yyyy)	

B. Beneficiary Information			
Full Name		Social Security #	
Address		DOB (mm/dd/yyyy)	
City, State, Zip		Driver's License Number	
Email		Home Phone	

C. Please read the following information carefully and check the appropriate box:	
Spouse only (check only one)	<input type="checkbox"/> I am requesting that the account remain a Health Savings Account (HSA). I understand that an HSA will be set up in my name and that I will be required to sign a new HSA Individual Application and Custodial Agreement. I understand that once the American Fidelity Health Services Administration (AFHSA) receives the completed application, the remaining funds in the account will be transferred to my HSA. <input type="checkbox"/> I am requesting that my spouse's HSA be closed and the remaining funds sent to me. I understand that any amount distributed to me may be included in my gross income. I also understand that the amount to be included in my gross income may be reduced by any amount used to pay for eligible medical expenses that were incurred by my spouse before death and paid by me within one year after the date of death. (Consult your tax advisor for more information.)
Non-Spouse Beneficiary only	<input type="checkbox"/> I am requesting that the remaining funds in the HSA be sent to me. I understand that any amount distributed to me may be included in my gross income. I also understand that the amount to be included in my gross income may be reduced by any amount used to pay for eligible medical expenses that were incurred by the decedent before death and paid by me within one year after the date of death. (Consult your tax advisor for more information.)
Executor of the Estate of the Decedent only	<input type="checkbox"/> I am the executor of the estate for the HSA accountholder named on this form. I understand that the account balance shall be paid to the estate of the deceased and included on the decedent's final income tax return.

I certify that I am the named beneficiary or individual legally authorized to complete this form and that all information provided by me is accurate and true. I further certify that no tax advice has been given to me by the Custodian. All decisions regarding this transaction are my own. I expressly assume the responsibility for any adverse consequences, which may arise from this transaction, and I agree that the Custodian shall in no way be held responsible.

Signature of HSA Beneficiary

Date