



## First HSA Rollover Request Form

*This form indicates the desire to roll funds that have already been distributed from one MSA/HSA administrator to another. The IRS limits the number of rollovers and the time that one has to make an eligible rollover. By completing this form you are certifying to the Trust/Custodian that you have satisfied the rules and conditions applicable to making a rollover.*

### Account Holder Information

Name		
Address		
City	State	Zip Code
Social Security #	Birth Date	
Home Phone	Business Phone	

**HSA/MSA Rollover Rules and Regulations**

*1). Timeline: The funds you receive from the distribution of an HSA/MSA must be deposited into another HSA/MSA within 60 days after you receive them. "Receipt" generally refers to the day you actually have the funds in your possession. For example, the 60 days would begin once you pick up the check from the Trustee/Custodian or when you have received the check in the mail.*

*2). Twelve Month Restriction: You are entitled to one distribution per year per HSA/MSA which may be rolled over. Twelve months must pass after the receipt of one distribution that you have rolled over before you may take another distribution from the same HSA/MSA. The rule refers to the distributions from ones HSA/MSA. An HSA/MSA is created by executing a plan agreement, not by depositing a contribution into a separate investment within the same HSA/MSA.*

**HRA/FSA to HSA – amount to be transferred \*\* \$ \_\_\_\_\_**

*\*\*The amounts rolled over to HSAs from FSAs or HRAs are over and above the amounts allowed as annual contributions. The provision is limited to one distribution with respect to each health FSA or HRA of the individual.*

### Instructions:

- 1). Complete Rollover Application**
- 2). Complete First HSA Application**
- 3). Submit applications and contributions to:**

Administrator Name: <b>First HSA</b>		
Address: <b>1044 MacArthur Road</b>		
City: <b>Reading</b>	State: <b>PA</b>	Zip Code: <b>19605</b>

I have read and understand the rollover rules and regulations on this form and I have met all the requirements for making a rollover. I understand I am responsible for any consequences of this rollover including any taxes or penalties owed. I agree to indemnify and to hold First HSA, Inc. and Leesport Bank harmless of any tax, penalty or other liability resulting in this transaction. If you have any questions concerning this transaction please consult with your tax professional.

\_\_\_\_\_  
**Account Holder Signature**

\_\_\_\_\_  
**Date**