

# Health Savings Account (HSA) Rollover or Transfer Request Form



Use this form to authorize the rollover or transfer of Health Savings Account (HSA) assets currently held by another Custodian/Trustee (Administrator) to your OptumHealth Bank HSA. If you do not yet have an HSA with OptumHealth Bank (the "Bank"), you may establish a new account online at OptumHealthBank.com.

## PART 1: OptumHealth Bank Contact Information

**By Mail:**  
OptumHealth Bank  
P.O. Box 271629  
Salt Lake City, UT 84127

**By Fax:**  
1-866-314-9795

**Questions?**  
Please refer to the phone number on the back of your Debit Card.  
Customer care professionals are available from 8:00 a.m. to 7:00 p.m.  
Eastern time to assist you.

## PART 2: Rollover or Transfer Request Options and Instructions to Current Administrator

**Option 1 – Rollover via Paper Check**

I have received funds from my HSA at another Administrator and have included a check. I would like to rollover the funds to my OptumHealth Bank HSA.

- **Have an HSA established with OptumHealth Bank**
- **Mail completed form along with a check to P.O. Box 271629, Salt Lake City, Utah 84127-1629.**

The IRS Code limits the number of rollovers that may be taken, how quickly rollovers must be completed, and how the bank must report the transaction. If you need additional information, please contact your tax advisor. By selecting this option you are certifying to the Bank that you have satisfied the rules and conditions applicable to your rollover and that you are making an irrevocable election to treat the transaction as a rollover.

**Option 2 – Transfer and Close Current HSA (Trustee to Trustee Transfer)**

I currently have HSA funds with a financial institution other than OptumHealth Bank and I would like that financial institution to transfer all assets in my current HSA to my OptumHealth Bank HSA and close my account at the current Administrator (closing fees at current Administrator may apply). I understand that I may need to liquidate HSA assets held in the investment portion of my account, with my current Administrator, prior to submitting this form.

- **Have an HSA established with OptumHealth Bank**
- **Check with your current Administrator to determine their process for transfers and account closures and follow that process.**
- **Some Administrators may accept our form to initiate their process. If so, mail completed form directly to the current Administrator.**

**Instructions to current Administrator:** Transfer all assets in my account to the OptumHealth Bank HSA established in my name. I understand that you will contact me with respect to the disposition of any other assets in my account that are not transferable. By signing below, I authorize Administrator to deduct any outstanding fees due Administrator from the credit balance in my account. If my account does not contain a credit balance, or if the credit balance in the account is insufficient to satisfy any outstanding fees due Administrator, I authorize you to liquidate the assets in my account to the extent necessary to satisfy that obligation.

**FOR CURRENT ADMINISTRATOR ONLY, please send check (including account holder name, OptumHealth Bank account number or SSN) & form to:**  
  
OptumHealthBank  
P.O. Box 271629  
Salt Lake City, UT 84127-1629

## PART 3: Information Required for Rollover or Transfer Request

### Section A: Your OptumHealth Bank Account

\_\_\_\_\_  
OptumHealth Bank Account Number (if available)

\_\_\_\_\_  
Account Holder Name

\_\_\_\_\_  
Account Holder Address

\_\_\_\_\_  
City, State ZIP

\_\_\_\_\_  
Daytime Phone Number

### Section B: Account Being Transferred – The name of the HSA being transferred must match the name on the OptumHealth Bank HSA.

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Name of Administrator Holding your HSA

\_\_\_\_\_  
Account Holder Name

\_\_\_\_\_  
Phone Number of Administrator

\_\_\_\_\_  
Address of Administrator

\_\_\_\_\_  
Account Number at Administrator

## PART 4: Owner Authorization and Agreement of Terms

I have read and understand the rules and conditions referenced herein in this form, including but not limited to, those applicable statutes and rules in connection with HSA fund transfers and rollovers and I have met the requirements for making a transaction. Due to the important tax consequences when moving funds in an HSA, I have been advised to seek the advice of a legal or tax professional. All information provided by me herein is true and correct and may be relied on by OptumHealth Bank. I assume full responsibility for this transaction and acknowledge that OptumHealth Bank is an HSA custodian with no fiduciary responsibilities and as such shall not be liable for any adverse consequences that may result from any transfer or rollover conducted pursuant hereto.

**X** \_\_\_\_\_  
Signature of Account Holder

\_\_\_\_\_  
Date