

HSA INSTRUCTIONS UPON DEATH OF ACCOUNT HOLDER



Email, fax, or mail completed forms to:

Email: hsaoperations@motivhealth.com

Fax: 844.533.1289

Mail: MotivHealth, Attention: HSA Operations

Please email, mail or fax completed forms, a copy of the death certificate, and any other requested information.

Upon the death of a MotivHealth account holder, use this form to provide direction regarding the decedent's HSA.

Note: Before processing this request, MotivHealth will liquidate any HSA investments and place the proceeds into the account holder's HSA cash account. In kind transfers of investments cannot be made.

Deceased Account Holder Information

Last Name:	First Name:	M.I.:
SSN or MotivHealthID number (6 or 7 digits)		

Requester Information

Request or Full Name:			
Street Address:	City:	State:	Zip:
Email Address:	Daytime Phone: ()		

Processing Options (Choose one of the following.)

I am a designated non-spouse beneficiary listed on the HSA and hereby direct MotivHealth to:

c. Close the HSA and send a check. Prior to the date of death, the decedent must have filed a valid beneficiary designation form with MotivHealth, listing you as the beneficiary. The check will be made payable to the listed beneficiary and sent to the beneficiary's address.

I am the surviving spouse beneficiary and hereby direct MotivHealth to:

Note: If no beneficiary was named, a surviving spouse is deemed to be the beneficiary.

Transfer the funds to my existing HSA at MotivHealth. My MotivHealth ID number is _____ .
(You will be notified when the funds have been transferred).

Open a MotivHealth HSA and transfer the funds to my new HSA.

Transfer the funds to my HSA at another financial institution. Send a completed transfer request form from your HSA trustee or custodian along with this form and the death certificate.

Close the HSA and send a check. The check will be made payable to the requester and sent to the requester's address.
Note: IRS taxes and penalties may apply if the funds are not used for qualified medical expenses.

I am the executor, personal representative or successor of the decedent's estate, and hereby direct MotivHealth to:

Close the HSA and send a check. Send proof of your authority to act with regard to the HSA (e.g. letters testamentary, court appointment or decree, small estate affidavit, etc.), along with this form and the death certificate. The check will be made payable to the estate and sent to the requester, unless otherwise indicated.

Authorization

I certify that all information that I have provided on or with this form is true and correct and may be relied upon by MotivHealth. I understand that this form does not provide legal or tax advice, and that I must contact a competent legal or tax professional for personal advice.

Signature of Requester:	Date:
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For your protection, do not include debit card numbers.

