

# Health Savings Account (HSA)/ Archer Medical Savings Account (MSA) Trustee-to-Trustee Transfer Form

**Form Instructions:** Complete this form to transfer funds from another health savings account (HSA) or Archer Medical Savings Account (MSA) trustee to your HSA held by Optum Financial. Your Optum Financial HSA must be established before Optum Financial can complete a trustee-to-trustee transfer.

This form must be submitted to the transferring trustee, and not Optum Financial. Please note, the transferring trustee may require additional information in order to complete your request.

## General Information

- Transfers to your Optum Financial HSA must be in cash equivalents. Optum Financial does not accept “in-kind” transfers of mutual funds and/or other securities.
- The IRS permits HSA assets to be transferred from one HSA trustee to another HSA trustee via two methods—a trustee-to-trustee transfer and a rollover.

A **trustee-to-trustee transfer** occurs when the current trustee sends the HSA funds directly to the new HSA trustee. The IRS does not limit the frequency of trustee-to-trustee transfers.

A **rollover** occurs when the accountholder receives a distribution of the funds from the current trustee, and within 60 days deposits those funds into a new HSA. Per IRS regulations, only one rollover every 12 months is permitted. If you are conducting a rollover transaction, please complete the HSA Rollover Request Form and not the Trustee-to-Trustee Transfer Form.

## STEP 1: Account Holder Information

|   |              |   |                       |           |
|---|--------------|---|-----------------------|-----------|
| First Name:   | Middle Name: | Last Name:  |                       |           |
| Permanent Address:  |              | City:   | State:                | Zip Code: |
| Date of Birth:<br>(Month/Day/Year)     _ _ / _ _ / _ _                                    |              | Daytime Phone:  |                       |           |
| HSA Account Number: (12 digits from your Welcome Kit or statement. Not your card number.) |              | Social Security Number: (Only Last 4 Digits Required) | X X X / X X / _ _ _ _ |           |

## STEP 2: Transferring Account information

|                   |        |                    |           |  |
|-------------------|--------|--------------------|-----------|--|
| Institution Name: | Phone: | HSA/MSA Account #: |           |  |
| Street Address:   | City:  | State:             | Zip Code: |  |

### Transferring Account Information

I request the custodian of my HSA/MSA to transfer the following amount to my HSA held by Optum Financial:

- ☐ Specific Amount \$ \_\_\_\_\_
- ☐ Full Account Balance and Close My Account

### Type of Account

Select the type of transferring account:

- ☐ HSA                      ☐ MSA



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## STEP 3: Account Holder Authorization

I hereby request and authorize the custodian of my Health Savings Account (HSA) or Archer Medical Savings Account (MSA) to transfer the specified amount (and if applicable, close my HSA/MSA) to ConnectYourCare.

- I understand that the current trustee of my HSA/MSA must directly transfer my funds directly to ConnectYourCare in order for this transfer to qualify as a trustee-to-trustee transfer;
- I understand that I must be the owner of both accounts and that I may not receive money from another individual's HSA/MSA;
- I understand that I must liquidate my investment account prior to my HSA being closed and transferred to ConnectYourCare;
- By providing my phone number, I authorize ConnectYourCare to contact me about my account or this transfer request using automated calls or text messaging;
- By signing below, I certify that all of the information provided by me is true and correct and may be relied on by ConnectYourCare and I assume full responsibility for this transaction;
- I understand that I am responsible for determining that this HSA transfer qualifies under the rules and conditions applicable to such transfers and agree to abide by those rules and conditions. I assume responsibility for any tax consequences or penalties that may apply to the transfer of these assets and I agree that ConnectYourCare shall in no way be held responsible.

Signature of Account Holder:

Date:

**How to Submit:** Please mail the completed form to your current HSA/MSA institution, as defined in Step 2 of this form.

### Transferring Institution: Instructions for submitting this form for processing.

Make check payable to: Optum Financial FBO [insert accountholder name]

In memo section of check, include the Optum Financial HSA account number from Step 1 of this form.

Mail check and form to Optum Financial, P.O. Box 851287, 6300 Wayne Road, Westland, MI 48185

Signature of Accepting HSA Custodian:

Reese Feuerman, CFO, ConnectYourCare

Investments are not FDIC insured, are not guaranteed by ConnectYourCare, LLC, and may lose value.



## Discrimination is Against the Law

Premera Blue Cross (Premera) complies with applicable Federal and Washington state civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. Premera does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. Premera provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). Premera provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact the Civil Rights Coordinator. If you believe that Premera has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation, you can file a grievance with: Civil Rights Coordinator — Complaints and Appeals, PO Box 91102, Seattle, WA 98111, Toll free: 855-332-4535, Fax: 425-918-5592, TTY: 711, Email [AppealsDepartmentInquiries@Premera.com](mailto:AppealsDepartmentInquiries@Premera.com). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Ave SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. You can also file a civil rights complaint with the Washington State Office of the Insurance Commissioner, electronically through the Office of the Insurance Commissioner Complaint Portal available at <https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status>, or by phone at 800-562-6900, 360-586-0241 (TDD). Complaint forms are available at <https://fortress.wa.gov/oic/online-services/cc/pub/complaintinformation.aspx>.

## Language Assistance

**ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-722-1471 (TTY: 711).

**注意：**如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 800-722-1471（TTY：711）。

**CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-722-1471 (TTY: 711).

**주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-722-1471 (TTY: 711) 번으로 전화해 주십시오.

**ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-722-1471 (телетайп: 711).

**PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 800-722-1471 (TTY: 711).

**УВАГА!** Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки.

Телефонуйте за номером 800-722-1471 (телетайп: 711).

**ប្រយ័ត្ន:** បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 800-722-1471 (TTY: 711)។

**注意事項：**日本語を話される場合、無料の言語支援をご利用いただけます。800-722-1471 (TTY:711) まで、お電話にてご連絡ください。

**ማስታወሻ:** የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገለግሉት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 800-722-1471 (መስማት ለተሳናቸው: 711)።

**XIYYEEFFANNAA:** Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 800-722-1471 (TTY: 711).

**ملحوظة:** إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 800-722-1471 (رقم هاتف الصم والبكم: 711).

**ਧਿਆਨ ਦਿਓ:** ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 800-722-1471 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

**ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 800-722-1471 (TTY: 711).

**ໂປດຊາບ:** ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ຄ່າສົ່ງຄ່າ, ຄະມົນມົນພ້ອມໃຫ້ທ່ານ. ໂທ 800-722-1471 (TTY: 711).

**ATANSYON:** Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 800-722-1471 (TTY: 711).

**ATTENTION :** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 800-722-1471 (ATS : 711).

**UWAGA:** Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 800-722-1471 (TTY: 711).

**ATENÇÃO:** Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 800-722-1471 (TTY: 711).

**ATTENZIONE:** In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 800-722-1471 (TTY: 711).

**توجہ:** اگر بہ زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 800-722-1471 (TTY: 711) تماس بگیرید.