



Individual Retirement Account (IRA) Transfer to Health Savings Account (HSA) Form

Form Instructions: Complete this form to transfer funds from an Individual Retirement Account (IRA) to your HSA held by ConnectYourCare. Your ConnectYourCare HSA must be established before ConnectYourCare can accept transferred funds.

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

General Information

You can only transfer funds from an IRA to an HSA once during your lifetime. The maximum amount you can transfer is the same as your annual HSA contribution limit for that year.

STEP 1: Account Holder Information				
First Name:		Middle Name:		Last Name:
Permanent Address:			City:	State: Zip Code:
Date of Birth: (Month/Day/Year) ___ / ___ / ___			Daytime Phone:	
CYC HSA Account Number: (12 digits from your Welcome Kit or statement. Not your card number.)		Social Security Number: (Only Last 4 Digits Required)		XXX / XX / ___

STEP 2: Transferring Account information				
Institution Name:		Phone:	IRA Account #:	
Street Address:		City:	State:	Zip Code:

I request the institution named above to transfer the following amount from my IRA balance to my HSA held by ConnectYourCare:

Specific Amount \$ _____

Full Account Balance and Close My Account

STEP 3: Account Holder Authorization

I hereby request and authorize the institution managing my IRA to transfer the specified amount (and if applicable, close my IRA) to ConnectYourCare.

- I understand that the institution managing my IRA must directly transfer my funds directly to ConnectYourCare in order for this transfer to qualify as an institution-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 IRA;
- I understand that I can only roll over funds from an IRA to an HSA once during my lifetime. The maximum amount I can roll over is the same as my annual HSA contribution limit for that year.
- 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 IRA 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:
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How to Submit: Please mail the completed form to your current IRA institution, as defined in Step 2 of this form.

Transferring Institution: Instructions for submitting this form for processing.
Make check payable to: ConnectYourCare FBO [insert accountholder name]
In memo section of check, include the ConnectYourCare HSA account number from Step 1 of this form.
Mail check and form to ConnectYourCare, PO Box 851287, 6300 Wayne Road, Westland, MI 48185

