

HEALTH SAVINGS ACCOUNT WITHDRAWAL REQUEST

Used for requesting distribution from a Health Savings Account.

if this is a resu	ibmission	if new address		if new ema	ail address						1	Numbe	r of pa	ges	
Account Holder's Name and Address					Spending Account ID #										
							S	Α							
Last Name		First Name		Middle In	itial		Social Security # (if SA# is not known)								
Street Address															
City		State		Zip			Daytime Phone								
Email address															
		D	Distributio	on Amoun	t (Print cle	early)									
Distribution Amount Requested: \$															
			Di	istribution	Reason										
I direct the custodian 1. Normal Distributo spouse after y 2. Excess Contribu	ution – Distributions fo year of death). ution Removal – If you	or any reason other	than remo	oval of an exco	ess contribut	tion, death,	disability	y or a	prohib	ited tra	nsactio	on. (Inc	ludes	distributi	
contributions and any net income attributable to such excess contributions. 3. Disability – You may take a distribution due to disability only if the disability renders you unable to engage in any substantial gainful activity and it is medically determined that the condition will last continuously for at least 12 months or lead to your death. Disability distributions may be subject to ordinary income tax.															
4. Death (in year of death to any beneficiary, or after year of death to an estate) – If you are requesting a distribution as a beneficiary, you must furnish proof to verify your entitlement to receive the distribution. Use this reason for all payments during the year of death and to an estate after the year of death.															
☐ 5. Prohibited Tran transaction is no	saction – If you are re ot corrected timely, a				d in IRC Sect	tion 4975(c), you m	ay be	subjec	t to an	IRS po	enalty.	If the	prohibit	ed
	ar of death distribution our entitlement to receing or other possible after y	ve the distribution.	Use this rea												
Ве	neficiary (or Forn	ner Spouse) Inf	formation	n – Please o	complete i	f you che	cked Di	istribu	ution l	Reaso	n 4 oı	r 6.			
Name	ne Address						SSN#								
Payment Information															
I am not required to sub to the available balance		entation with my dis	stribution re	equest in order	to receive a	distribution	n from my	y accol	unt. My	reque:	st will l	be prod	essed	accordin	ıg
If I have requested a withdrawal which exceeds my available account balance, I understand any unpaid portion of my request will be pended and automatically paid as additional contributions are posted to my account for a period of 12 months.															
I understand my distribution request will be processed and a check will be issued to me unless I have completed the Authorization for Direct Deposit form, in which case my distribution will be automatically deposited into my bank account.															
				Signatu	ire										
I understand that I am is complete and accur		any taxes or loss	ses that are	e incurred w	ith respect t	to this acc	ount. To	my kı	nowled	dge, al	l inforr	nation	provi	ded abov	ve
	Account Holder or Beneficiary	Signature					Date								

Appeal Rights

The Explanation of Processing Report explains how your claim was processed based upon the information submitted to us. You or your designated representative may appeal a denial, partial denial, or reduction of your claim by following our appeal procedures. You may contact customer service at 1-800-859-2144 for an explanation of your appeal rights. If you disagree with our decision on your claim, you have the right to submit a written request for an appeal review to Further, PO Box 982814, El Paso, TX 79998-2814. We can send you a form to file your appeal or you can obtain a copy of the appeal form at hellofurther.com. You have until the later of your plan's run out end date or 180 days from the date of this notice to file an appeal. If you have terminated employment during the year or if you are unsure of your plan's run out end date please contact your group representative or contact our customer service department. You may also submit any documents, records, or other information that relates to your claim for benefits. Upon receipt of your request, we will provide a full and fair review of your appeal and a written notice of our decision either by letter or an explanation on the Explanation of Processing Report within 30 days.

If you are a member of a group plan that is subject to the Employee Retirement Income Security Act (ERISA), once you have exhausted our appeal process, you have the right to file suit in Federal Court under Section 502(a) of ERISA.

Qualified Medical Expenses

Medical expenses include payments you make for the diagnosis, treatment, or prevention of disease or for treatment affecting any part or function of the body and the amounts you pay for transportation to get medical care.

It is possible that changes in the IRS rules can affect what is considered a qualified medical expense. In general, the medical expenses that are allowable deductions on your Federal Income Tax Return (IRC Section 213(d)) are also reimbursable expenses through your account. To view a list of qualified medical expenses, go to hellofurther.com or contact customer service 1-800-859-2144.

How to Submit a Withdrawal Request

For faster reimbursement submit online at hellofurther.com.

For paper submissions, fax **OR** mail a completed claim form. If the expense incurred is reimbursable by an insurance company, you must submit the expense to the insurance company first.

To receive your reimbursement faster, sign up for direct deposit by logging into your account at hellofurther.com

Be sure to provide all information requested on the form. If the form is incomplete or unsigned, your claim request will be delayed or denied.

Per IRS regulations, supporting documentation is not required with your withdrawal request. Keep documentation for your personal tax records. Documentation can be stored on the Member Online Service Center document storage at hellofurther.com

Submission Tips

- 4 Complete claim form using a dark pen (do not use a pencil).
- 4 Do not use a highlighter on this form.
- 4 Retain confirmation of successful fax transmission.

Save time: submit this information online. Questions? Call Member Services at 1-800-859-2144.

Submit online:	Send via secured email only:	Fax to:	Mail to:
Log into your account at	further.documents@hellofurther.com	866-231-0214	PO Box 982814
hellofurther.com			El Paso, TX 79998-2814