



**RECLASSIFICATION  
OF HSA FUNDS**

Instructions: This form should be used to reclassify previous distributions from your HSA account. This adjustment will be displayed on the next 1099SA. Please be aware that we are unable to adjust previous 1099SA's. Example of when to use form: Over contributed to the HSA account during the current tax year and there are no remaining funds, or the funds in the account are not enough to cover the excess contribution. In this situation, check "Normal Distribution" under "Distribution Classified As" section and check "Excess Contribution" under the "Reclassify To" section. For tax advice, contact your tax advisor or accountant.

Account Holder Information (please print)	Spending Account ID #										
<div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> <span>Last Name</span> <span>First Name</span> <span>Middle Initial</span> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Street Address</div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> <span>City</span> <span>State</span> <span>Zip</span> </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black;"> <span>Email address</span> <span>Employer's Name</span> </div>	<table style="width:100%; border-collapse: collapse; margin-bottom: 5px;"> <tr> <td style="width: 10%; border: 1px solid black;">S</td> <td style="width: 10%; border: 1px solid black;">A</td> <td style="width: 10%; border: 1px solid black;"></td> <td style="width: 10%; border: 1px solid black;"></td> <td style="width: 10%; border: 1px solid black;"></td> <td style="width: 10%; border: 1px solid black;"></td> <td style="width: 10%; border: 1px solid black;"></td> <td style="width: 10%; border: 1px solid black;"></td> <td style="width: 10%; border: 1px solid black;"></td> <td style="width: 10%; border: 1px solid black;"></td> </tr> </table>	S	A								
S	A										
	<b>Social Security # (if SA# is not known)</b>										
	<b>Daytime Phone</b>										

**Reclassification Amount and Tax Year**

Reclassification amount: \$ \_\_\_\_\_ (specify amount) Original distribution was in tax year: \_\_\_\_\_

Distribution Classified as:	Reclassify to:
<p>The previous distributions were classified as:</p> <p><input type="checkbox"/> <b>Normal Distribution</b> – Distributions for any reason other than removal of an excess contribution, death, disability or a prohibited transaction.</p> <p><input type="checkbox"/> <b>Excess Contribution Removal</b> – If your contributions exceed the applicable maximum annual contribution limit, then you may request Further to withdraw the excess contributions and any net income attributable to such excess contributions.</p> <p><input type="checkbox"/> <b>Disability</b> – You may take a non-medical 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 but are not subject to excise tax.</p> <p><input type="checkbox"/> <b>Death (year of death)</b> – If you are requesting a distribution as a beneficiary, you must furnish proof to verify your entitlement to receive the distribution along with a death certificate. Use this reason for payments to a descendant's beneficiary, including an estate, in the year of death. Also use this reason for payments to an estate after the year of death.</p> <p><input type="checkbox"/> <b>Death (after year of death)</b> – If you are requesting a distribution as a beneficiary, you must furnish proof to verify your entitlement to receive the distribution along with a death certificate. Use this reason if you are requesting a distribution as a nonspouse beneficiary, other than an estate, after the year of death.</p> <p><input type="checkbox"/> <b>Prohibited Transaction</b> – Prohibited transactions as defined in IRC Section 4975(c), are subject to an IRS penalty. If the prohibited transaction is not corrected timely, an additional penalty may be imposed.</p>	<p>I direct the Custodian to reclassify the previous distributions as:</p> <p><input type="checkbox"/> <b>Normal Distribution</b> – Distributions for any reason other than removal of an excess contribution, death, disability or a prohibited transaction.</p> <p><input type="checkbox"/> <b>Excess Contribution Removal</b> – If your contributions exceed the applicable maximum annual contribution limit, then you may request Further to withdraw the excess contributions and any net income attributable to such excess contributions.</p> <p><input type="checkbox"/> <b>Disability</b> – You may take a non-medical 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 but are not subject to excise tax.</p> <p><input type="checkbox"/> <b>Death (year of death)</b> – If you are requesting a distribution as a beneficiary, you must furnish proof to verify your entitlement to receive the distribution along with a death certificate. Use this reason for payments to a descendant's beneficiary, including an estate, in the year of death. Also use this reason for payments to an estate after the year of death.</p> <p><input type="checkbox"/> <b>Death (after year of death)</b> – If you are requesting a distribution as a beneficiary, you must furnish proof to verify your entitlement to receive the distribution along with a death certificate. Use this reason if you are requesting a distribution as a nonspouse beneficiary, other than an estate, after the year of death.</p> <p><input type="checkbox"/> <b>Prohibited Transaction</b> – Prohibited transactions as defined in IRC Section 4975(c), are subject to an IRS penalty. If the prohibited transaction is not corrected timely, an additional penalty may be imposed.</p>

**Account Holder Signature**

I understand that I am fully responsible for any taxes or losses that are incurred with respect to this account. I also understand that if I have a balance in my account, the balance will be depleted before any funds are reclassified. To my knowledge, all information provided above is complete and accurate.

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Account Holder Signature

Date

Questions? Call Member Services at 1-866-758-6119.

**Send via secured email only:**  
CareFirstDocuments@hellofurther.com

**Fax to:**  
866-231-0214

**Mail to:**  
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