



# 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 ConnectYourCare, LLC, a subsidiary of Optum Financial, Inc. Your ConnectYourCare HSA must be established before ConnectYourCare can complete a trustee-to-trustee transfer.

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

## General Information

- Transfers to your ConnectYourCare HSA must be in cash equivalents. ConnectYourCare 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: (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)	XXX XX / XX / _____		

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 ConnectYourCare.

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, President, ConnectYourCare

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

