

Instructions

1. Complete this form if you need to transfer funds INTO an Insurapath HSA account and send it to your current custodian/trustee to initiate the direct transfer of funds. If you need to transfer funds OUT of your Insurapath account, you will need to use the new custodian/trustees form and send it to us.
2. Keep a copy of this form for your records.

Account Information

Name on the Account: _____ Date of Birth: _____
 Social Security Number: _____ Phone: _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Email: _____

Transfer Instructions for Current Custodian/Trustee (current financial institution from which you are transferring HSA funds)

Current Custodian/Trustee Name: _____
 Custodian/Trustee Phone: _____ Contact Name: _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Current Custodian/Trustee Account Number: _____

Transfer from (choose one):

- Health Savings Account
 Medical Savings Account
 Individual Retirement Account
 Directly transfer (choose one):
 all or
 partial \$ _____ of my HSA/MSA/IRA
 This transfer:
 will or
 will not close the HSA/MSA/IRA

Please make a check payable as follows: **INSURAPATH:** _____ HSA
 (Account Holder Name)

Mail transfer checks with a copy of this form or other correspondence, including the account holder's name and social security number to:

INSURAPATH
5300 S Broadband Lane
Sioux Falls, SD 57108

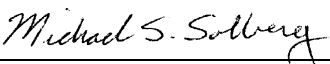
Account Holder Signature

I authorize the transfer of the Health Savings Account assets in the manner described above and certify that all information provided by me is true and correct and may be relied upon by the transferring Custodian/Trustee and HealthcareBank. Due to the important tax consequences associated with moving funds into an HSA, I have been advised to seek advice from a tax or legal professional to ensure compliance with related laws. I assume full responsibility for this transaction and will not hold HealthcareBank or Avera Health Plans liable for any adverse consequences that may result.

 (Signature of HSA Account Holder) Date: _____

Accepting Health Savings Account Custodian

HealthcareBank agrees to serve as the custodian for the Health Savings Account of the above-named individual, and as custodian, we agree to accept the funds being transferred.



 Authorized Signature of HealthcareBank

Avera Health Plans complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Avera Health Plans provides language assistance services free of charge through our Customer Care team available from 8 a.m. to 5 p.m. CT, Monday through Friday. Please see our translations PDF by visiting AveraHealthPlans.com/language.

Insurapath, Inc. 5300 S Broadband Lane Sioux Falls, SD 57108
Phone: 605-322-4774 Fax: 605-504-9305 Email: Flex@Insurapath.com