

**IMPORTANT INFORMATION:** A one time tax free trustee-to-trustee transfer of FSA or HRA funds to an HSA is permitted. You must maintain your High Deductible Health Plan for the month in which you make the transfer **AND** the 12 following months or you will be subject to taxes and a penalty.

**FSA OR HRA  
Transfer to  
HSA**

Instructions: If you are establishing a new account, you must also fill out a Health Savings Administrators HSA enrollment form. Use this form when you are transferring money from a Flexible Spending Arrangement (FSA) or Health Reimbursement Arrangement (HRA). Upon receipt of your FSA or HRA transfer check from your Employer, we will open your account and invest the funds as directed.

**1. NAME**

**AND** \_\_\_\_\_  
Last Name First Name Middle Initial

**ADDRESS**

\_\_\_\_\_  
Social Security Number Telephone No. (Include area code)

\_\_\_\_\_  
Number and Street

\_\_\_\_\_  
City State Zip Code

**2. INSTRUCTIONS  
TO EMPLOYER**

Employer \_\_\_\_\_

Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

My social security number is \_\_\_\_\_. My HRA account number is \_\_\_\_\_ (Same) \_\_\_\_\_. I have established an HSA with Health Savings Administrators. Please liquidate and transfer \$\_\_\_\_\_ of my account balance. Make the check payable to Fulton Bank, Custodian.

**3. SIGNATURE**

*To Employer: Please consider this your authority to transfer the assets from the account listed in Section 2 to my Health Savings Administrators account. Please prepare a check to Fulton Bank, Custodian.*

**I certify that:**

1. A qualified HSA distribution from the regular health FSA or HRA has not been previously made on behalf of the employee with respect to that particular health FSA or HRA,
2. I have HDHP coverage as of the first day of the month during which the transfer occurs, and I am otherwise an eligible individual,
3. I have elected, by the last day of the plan year, to have my employer make a qualified HSA distribution from the regular health FSA or HRA to my HSA,
4. The qualified HSA distribution from the regular health FSA or HRA does not exceed the lesser of the balance of the regular health FSA or HRA on (a) September 21, 2006, or (b) the date of the distribution, and
5. After the qualified HSA distribution, that there is a zero balance in the regular health FSA or HRA, and I am no longer a participant in any non-HSA compatible health Plan.

I certify that I have received and read the prospectus for the Fund into which I am transferring my FSA or HRA.

\_\_\_\_\_  
Your Signature Date

\_\_\_\_\_  
Witness (Required) Date

**4. MAILING INSTRUCTIONS** Please send check payable to Fulton Bank, representing the liquidation of the investment indicated above, along with a copy of this form to identify the check as a transfer of assets to:

**Health Savings Administrators  
10800 Midlothian Turnpike, Suite 240  
Richmond, VA 23235**