



Withdrawal/Distribution Request Form

Please consult a tax advisor before making a withdrawal/distribution to determine any possible tax implications. Customer service professionals can be reached by calling the number on the back of your debit Mastercard® (Monday - Friday from 8 a.m. to 8 p.m. ET) if you have any questions while completing this form.

Important Note: Please do not provide any card information on this form as forms with debit card numbers will not be processed and will be destroyed for your protection.

046 CO HSA

1 Account Holder Information

Account Holder Name:	SSN:
Account #:	Group Id #:
Telephone #:	Amount of Withdrawal/Distribution:

2 Withdrawal/Distribution Type

Please choose one of the following:

- Withdrawal/distribution for reimbursement to myself. I paid for a qualified medical expense and I am requesting reimbursement for the expense.
- Withdrawal/distribution for a direct payment to a Provider.

Important: If the check is going to a provider, please provide the patient(s) name and phone number below.

Patient Name: _____ Telephone #: _____

3 Withdrawal/Distribution Check Information

Please make check payable to the following:

Name: _____

Mailing Address: _____

City, State ZIP: _____

4 Account Holder Authorization

I certify the accuracy of the distribution reason selected above, and I authorize the transaction. I understand that I am responsible for any consequences resulting from this distribution including taxes and penalties owed.

x

Account Holder Signature

Date

Thank you for allowing us to serve you.

Where to return your form?

By Mail: Optum Bank, P.O. Box 271629, Salt Lake City, UT 84127
By Fax: 1-866-314-9795