

**Health Savings Account  
IRA to HSA Transfer Request Form**

**ELIGIBILITY REQUIREMENTS:**

**Rules and Conditions for transferring an IRA to an HSA:**

1. IRA/HSA transfers must be a direct trustee/custodian to trustee/custodian transfer. (IRA rollovers are not allowed.)
2. HSA eligible participants are allowed a **one-time** transfer from an IRA to an HSA.
3. Only transfers from a Traditional IRA, as defined in IRC Sec.408(a) are permitted at this time.
4. The IRA to HSA transfer will be combined with all other HSA contributions for the year. The aggregate contributions cannot exceed the participant's maximum HSA contribution for the year. The amount transferred from the IRA is not allowed as a deduction.
5. The amount of the IRA transfer will not be included in income or subject to the early withdrawal additional tax.
6. If the individual electing the one-time transfer does not remain eligible to contribute to their HSA for the 12 months following the month of the contribution ("the Testing Period), the transferred amount will be included in income and subject to a 10% additional tax.
7. Funds from an IRA transfer must be received and deposited to the HSA no later than December 31<sup>st</sup> of the calendar year in which the funds are transferred from the IRA. IRA transfers will be credited to the HSA as a **current year contribution** and reported on Form 5498-SA.

**PARTICIPANT INFORMATION:**

Social Security Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(First) (Initial) (Last)

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

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

Home Phone #: \_\_\_\_\_ Business Phone #: \_\_\_\_\_

e-Mail Address (optional): \_\_\_\_\_

**TRANSFER INSTRUCTIONS FOR IRA TRUSTEE/CUSTODIAN:**

Amount of Transfer \$ \_\_\_\_\_ Type of Transfer:  Partial  Full  
(Transfer amount cannot exceed annual HSA contribution maximum.)

**CURRENT IRA TRUSTEE/CUSTODIAN INFORMATION:**

IRA Account Number: \_\_\_\_\_

Institution Name: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

