



# Health Savings Account (HSA) Internal Transfer Request Form

## Use this form:

If you have multiple HSAs in your name with Inspira Financial and would like to combine the funds into one Inspira HSA.

## Instructions:

- As the owner of your HSA, you must complete all sections of the enclosed form. Below are a few reminders as you complete the form.
  - Account number is required for each account involved in the transfer. Your account number is on your HSA statement (available in the member portal). If you do not know your account number, include the name of the employer associated with the account.
  - If you have investments in the HSA that is being transferred and closed, the investments will be liquidated during the close process and all funds will be placed back in your HSA cash balance. We do not transfer funds “in kind”. You can then reinvest those funds once the transfer is complete.
  - You may have multiple HSA debit cards. You will use the debit card associated with the remaining open account. You may dispose of any other HSA debit cards.
  - No deposits will be accepted to the closed account.
  - The account you designate to close will close once all pending transactions on the account have processed (debit card charges, deposits, withdrawals, etc.).
  - An internal transfer can only be processed from one account to another if the account owner is the same for both.
  - Allow 7-10 business days to complete the request.
- Sign and date the form.
- Fax or mail the completed, signed form to:
  - Fax:** 402-943-1567
  - Mail:** Inspira Financial  
HSA Operations  
PO Box 3317  
Carol Stream, IL 60132-3317



# Health Savings Account (HSA) Internal Transfer Request Form

## Section 1: HSA Owner Information – Please Print

First Name	MI	Last Name	Social Security Number (Last 4 Digits)
Address			
Email Address			

## Section 2: Internal Transfer Details

### Account to be CLOSED (Transfer *FROM* Account)

Account Number
Account Balance (as of date request form submitted)

### Account to remain OPEN (Transfer *TO* Account)

Account Number
Account Balance (as of date request form submitted)

## Section 3: Certification and Signature

I certify that the information contained on this form is true and correct. I direct Inspira Financial to complete the internal transfer as listed above. I understand that I am responsible for any tax consequences of this action. I indemnify and hold Inspira, its agents and affiliates, harmless from any resulting liabilities.	
Signature of Account Owner (REQUIRED) X	Date / /

### Return this form to:

**Fax:** 402-943-1567

**Mail:** Inspira Financial  
HSA Operations  
PO Box 3317  
Carol Stream, IL 60132-3317