

HEALTH SAVINGS ACCOUNT (HSA) DEATH DISTRIBUTION REQUEST

Voya Benefits Company, LLC
A member of the Voya® family of companies
Customer Service: PO Box 929, Manchester, NH 03105
Phone: 833-232-4673; Fax: 855-370-0670; Email: voyasupport@voya.benstrat.com



Health Account Solutions, including Health Savings Accounts, Flexible Spending Accounts, Commuter Benefits, Health Reimbursement Arrangements, and COBRA Administration offered by Voya Benefits Company, LLC (in New York, doing business as Voya BC, LLC). HSA custodial services provided by WEX Inc. For all other products, administration services provided in part by WEX Health, Inc.

Complete this form and submit with a copy of the death certificate. If you have questions about this process or completing this form, call us at 833-232-4673 (Live customer support 24x7).

STEP 1: CONSUMER / ACCOUNT HOLDER INFORMATION *(In this section, provide the information about the deceased.)*

Employer Name *(Required)* _____

Consumer Name *(Required)* *(First)* _____ *(Last)* _____

Birth Date *(mm/dd/yyyy)* *(Required)* _____ Social Security Number (SSN) *(Required)* *(Last 4 digits only.)* _____

STEP 2: BENEFICIARY INFORMATION *(If a beneficiary(ies) is on file for the deceased, the HSA funds will be distributed as indicated.)*

Are you the spouse of the deceased? Yes - Complete Step 2a. with your current information. No - Complete Step 2b.

Step 2a

Your Name *(Required)* *(First)* _____ *(Last)* _____

Birth Date *(mm/dd/yyyy)* *(Required)* _____ Social Security Number (SSN) *(Required)* _____

Phone *(Required)* _____ Email *(Required)* _____

Address *(Required)* _____

City _____ State _____ ZIP _____

You may choose to distribute the funds or transfer the HSA into your name. *(Select one.)*

Note: This is only applicable if you are the spouse.

Transfer HSA into my name. An HSA will be opened under your name and the funds will be transferred within 7 - 10 days of receiving this request and a copy of the Death Certificate. You will also receive a debit card in the mail and a Welcome Email with instructions on how to log in to the new HSA.

Distribute the funds to me. Distribution will be issued in the form of a check to the address provided above.

Step 2b

The beneficiary that is listed on the account will be mailed a check in the Beneficiary's(ies)' name(s). If there is no beneficiary listed we will issue to the "estate of" the account holder.

Is there an "estate" of the deceased? Yes No *If "yes," provide the current information reference below.*

If a beneficiary is not listed, an Employer Identification Number (EIN) must be included on this form to complete the distribution. If you have any questions/concerns on obtaining an EIN, contact your tax advisor.

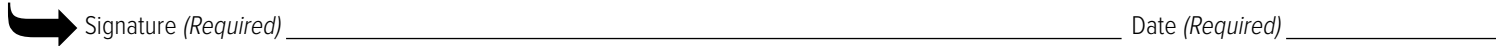
EIN for the estate *(Required)* _____

Address *(Required)* _____

City _____ State _____ ZIP _____

STEP 3: AUTHORIZATION

I certify that I am the proper party to request payment(s) from this HSA and that all information provided by me is true and accurate. I further certify that no tax advice has been given to me by Voya Financial and its subcontractors. I expressly assume the responsibility for any adverse consequences which may arise from this withdrawal and I agree that Voya Financial and its subcontractors shall in no way be held responsible. I acknowledge that I have read and understood the Tax information for Beneficiaries below.

 Signature (Required) _____ Date (Required) _____

Name (Required) (First) _____ (Last) _____

Phone (Required) _____ Email (Required) _____

**Mail or fax signed form with a copy of the death certificate to:
Voya Financial, PO Box 929, Manchester, NH 03105; Fax: 855-370-0670.
Questions? Call Customer Service at 833-232-4673 (Live customer support 24x7).**

TAX INFORMATION FOR BENEFICIARIES

If you are requesting a distribution as a death beneficiary, you must provide a copy of the death certificate to verify your entitlement to receive the distribution. Death distributions to non-spouse beneficiaries are generally considered ordinary, taxable income of the beneficiary. A death distribution is reported to the Internal Revenue Service (IRS) on Form 1099-SA, according to the following:

- If the financial organization is notified of death and the distribution is made to the beneficiary in the year of death, Code 4 is used to report the distribution.
- If the financial organization is notified of death and the distribution is made to the beneficiary in the year following the year of death, Code 1 is used if the beneficiary is the spouse, Code 4 is used if the beneficiary is the estate, and Code 6 is used if the beneficiary is not the spouse or the estate.
- If the HSA balance is transferred to a new HSA in the spouse's name, the amount transferred is not considered taxable income.
In all circumstances, you are encouraged to consult a tax advisor regarding this form and HSA.