INDIANA UNIVERSITY

UHRS 12/11

TAX SAVER BENEFIT PLAN
QUALIFIED HSA DISTRIBUTION REQUEST

Name: _____
Last First MI

Address: _____
Street City State Zip

10-digit Employee ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

I authorize Indiana University, to distribute the maximum amount permissible by law from my IU Tax Saver Benefit Plan to a my IRS-qualified Health Savings Account (HSA) in my name with JP Morgan Chase.

I understand:

(1) This is a one-time distribution.
(2) This distribution will be transferred to my IRS-qualified HSA account by Indiana University within two months following the end of the Plan Year.
(3) To receive the full tax advantages of this distribution, I must have high deductible health plan coverage and maintain a health savings account for the 12-month period beginning with the month in which the distribution is made.

HSA account trustee:

JP Morgan Chase
1 Chase Manhattan Plaza
New York, NY 10005
www.chasehsa.com

Employee Signature: _____ Date: _____

Administrator: _____ Date: _____

Please complete and return this form to University Human Resource Services at Poplars E165, IU Bloomington, by fax at (812) 855-3409 or by scanning and emailing to enews@indiana.edu.

All requests must be received by Dec. 31, 2011.

If you have any questions on this form, please e-mail *enews@indiana.edu*.

For Internal UHRS use:

Accepted by: _____ JP Morgan Chase Account Number: _____

Date of Transfer: _____ Distribution Amount: _____