

# HSA Reimbursement Form



Mail or fax completed forms to:

**Address:** HealthEquity, Attn: Member Services  
15 W Scenic Pointe Dr, Ste 100, Draper, UT 84020

**Fax:** 801.727.1005

| Primary Account Holder Information |                      |                               |     |
|------------------------------------|----------------------|-------------------------------|-----|
| Last Name                          | First Name           | M.I.                          |     |
| Street Address                     | City                 | State                         | ZIP |
| E-Mail Address (required)          | Daytime Phone<br>( ) | SSN or HealthEquity ID Number |     |

| Reimbursement Information   |                      |
|---|----------------------|
| Provider Name   | Date of expense      |
| Patient Name  | Total Reimbursement* |
| Type of expense: <input type="checkbox"/> Medical <input type="checkbox"/> Prescription <input type="checkbox"/> Dental <input type="checkbox"/> Vision ( <b>Note:</b> No documentation is needed. Keep receipts for your records.) |                      |

\*If the requested reimbursement amount is higher than your available balance, we will only process the reimbursement up to the available balance in the account. **An account closure fee is held in reserve from your account and may not be used for reimbursement.**

| Reimbursement Method   |   |   |                       |                           |   |  |  |           |               |                                |      |                |                |                                  |  |
|--|---|---|-----------------------|---------------------------|---|--|--|-----------|---------------|--------------------------------|------|----------------|----------------|----------------------------------|--|
| <input type="checkbox"/> <b>Option 1—Check.</b><br>This method is slower. Please allow 7–10 business days to receive your check. <b>A \$2.00 fee will be deducted from your health savings account (HSA).</b>  |   |   |                       |                           |   |  |  |           |               |                                |      |                |                |                                  |  |
| <input type="checkbox"/> <b>Option 2—Use the verified electronic funds transfer (EFT) account already tied to my HealthEquity® HSA.</b> (If an EFT is not on file, a check will be sent and a \$2.00 fee may apply. Please allow 7-10 business days for the check to arrive.)  |   |   |                       |                           |   |  |  |           |               |                                |      |                |                |                                  |  |
| <input type="checkbox"/> <b>Option 3—Transfer the funds to the following account.</b><br>( <b>Note:</b> E-mail address is required for EFT.)<br>Account type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings<br>Financial institution: _____<br>City/state: _____<br>Routing number: _____<br>Account number: _____  |   |   |                       |                           |   |  |  |           |               |                                |      |                |                |                                  |  |
| <div style="border: 1px solid black; padding: 5px;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="font-size: small;">Your Name<br/>123 Main Street<br/>Any Town, USA 54321</td> <td style="text-align: right; font-size: small;">1234<br/>98-123-1/4359</td> </tr> <tr> <td style="text-align: center;">Pay to the order of _____</td> <td style="text-align: right;">\$ <span style="border: 1px solid black; display: inline-block; width: 50px; height: 20px; vertical-align: middle;"></span></td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: small;">Your Financial Institution<br/>400 Countrywide Way<br/>Simi Valley, Ca 93065</td> </tr> <tr> <td style="font-size: small;">For _____</td> <td style="text-align: right; font-size: small;">_____ Dollars</td> </tr> <tr> <td style="font-size: small;">⑆ 1 2 2000 78 9 ⑆ 0123456789 ⑆</td> <td style="text-align: right; font-size: small;">1234</td> </tr> <tr> <td style="text-align: center; font-size: x-small;">Routing Number</td> <td style="text-align: center; font-size: x-small;">Account Number</td> </tr> <tr> <td colspan="2" style="text-align: right; font-size: x-small;">Check Number<br/>(Do not include)</td> </tr> </table> </div> |   | Your Name<br>123 Main Street<br>Any Town, USA 54321 | 1234<br>98-123-1/4359 | Pay to the order of _____ | \$ <span style="border: 1px solid black; display: inline-block; width: 50px; height: 20px; vertical-align: middle;"></span> | Your Financial Institution<br>400 Countrywide Way<br>Simi Valley, Ca 93065 |  | For _____ | _____ Dollars | ⑆ 1 2 2000 78 9 ⑆ 0123456789 ⑆ | 1234 | Routing Number | Account Number | Check Number<br>(Do not include) |  |
| Your Name<br>123 Main Street<br>Any Town, USA 54321  | 1234<br>98-123-1/4359   |   |                       |                           |   |  |  |           |               |                                |      |                |                |                                  |  |
| Pay to the order of _____  | \$ <span style="border: 1px solid black; display: inline-block; width: 50px; height: 20px; vertical-align: middle;"></span> |   |                       |                           |   |  |  |           |               |                                |      |                |                |                                  |  |
| Your Financial Institution<br>400 Countrywide Way<br>Simi Valley, Ca 93065   |   |   |                       |                           |   |  |  |           |               |                                |      |                |                |                                  |  |
| For _____  | _____ Dollars   |   |                       |                           |   |  |  |           |               |                                |      |                |                |                                  |  |
| ⑆ 1 2 2000 78 9 ⑆ 0123456789 ⑆   | 1234  |   |                       |                           |   |  |  |           |               |                                |      |                |                |                                  |  |
| Routing Number   | Account Number  |   |                       |                           |   |  |  |           |               |                                |      |                |                |                                  |  |
| Check Number<br>(Do not include)   |   |   |                       |                           |   |  |  |           |               |                                |      |                |                |                                  |  |
| <b>Form must be accompanied by a copy of a voided or actual check.</b>   |   |   |                       |                           |   |  |  |           |               |                                |      |                |                |                                  |  |

| Reimbursement Authorization  |           |      |
|--|-----------|------|
| By signing below, I authorize HealthEquity to reimburse me from my health savings account (HSA) for my expense in the manner specified above and I represent that the information I provided in this request is true and complete. |           |      |
| Name (please print)  | Signature | Date |

Reimbursement requests can also be made online at [www.healthequity.com](http://www.healthequity.com).