

FSA to HSA Account Information Form

Return to: 105/125 Department
800-258-1415
515-286-4244 fax

Iowa Bankers Insurance & Services, Inc
PO Box 6210
Johnston, IA 50131

Employer Name/Location	Billing/Routing Number
Employee	Social Security Number

I instruct you to transfer the funds I requested from my Health FSA Account to my Health Savings Account (HSA) by completing the FSA transfer to HSA Election Form before December 31, 20____. Below is my account information.

Health FSA Account:

Name on Account: _____

Employer/Plan Name: _____

Address: _____

Balance to be transferred: _____

NEW Health Savings Account:

Name on Account: _____

HSA Account Number: _____

Bank Custodian/Trustee: _____

Address: _____

By signing this form I acknowledge that I currently have coverage through a high deductible health plan as that term is defined by federal law and that I will keep this coverage for the next 12 months. I understand that in the event I do not keep my high deductible health plan coverage for the next 12 months I may be required to pay income taxes and a 10% penalty on the amount of the rollover. I represent and warrant that I have not had previous amounts in this or any other health flex spending account rolled to an HSA.

Signature	Date
Authorized Signature of Custodian	Date

