

## Withdrawal / Distribution Request Form

Please consult a tax advisor before making a distribution / withdrawal to determine any possible tax implications.

### PART 1: OptumHealth Bank Contact Information

**By Mail:**

OptumHealth Bank  
P.O. Box 271629  
Salt Lake City, UT 84127

**By Fax:**

1-866-314-9795

**Questions?**

Please refer to the phone number on the back of your Debit Card.

Customer care professionals are available from 8:00 a.m. to 7:00 p.m. Eastern time to assist you.

### PART 2: OptumHealth Bank Account Holder Information - Please Print

Account Holder Name:

Social Security #:

OptumHealth Bank Account #:

Daytime Telephone #:

Amount of Withdrawal / Distribution:

### PART 3: Withdrawal / Distribution Type - Required

Please choose one of the following:

- Withdrawal/distribution for reimbursement to myself. (I paid for a medical expense and I am requesting reimbursement for the expense. \$10.00 processing fee<sup>†</sup> will be deducted from your account.)
- Withdrawal/distribution for a direct payment to a Provider. (\$10.00 processing fee<sup>†</sup> will be deducted from your account.)
- Excess contribution refund. (Refund of money that was deposited in excess of my maximum contribution limit. \$20.00 processing fee will be deducted from your account.) Deposit year 20\_\_
- Correction for a previous contribution deposited in error. (\$10.00 processing fee will be deducted from your account.) Deposit year 20\_\_

<sup>†</sup>To avoid incurring this fee, please withdraw funds from your account using your MasterCard<sup>®</sup> Prepaid Debit Card or by issuing a check to yourself and/or Provider through the bank's free online bill payment service.

**Note:** If the check is going to a provider, you must provide the patient(s) name and daytime phone number below.

Patient Name:

Daytime Telephone #:

### PART 4: Withdrawal / Distribution Check Information - Required

**Please make check payable to the following:**

Name:

Mailing Address:

City/State/ZIP:

### PART 5: Account Holder Authorization

I certify the accuracy of the distribution reason selected above, and I authorize the transaction. I understand that I am responsible for any consequences resulting from this distribution including taxes and penalties owed.

**X**

Signature of Account Holder

Date