

How to transfer funds into your Bank of America HSA

When you choose a health savings account (HSA) through Bank of America, your health plan and HSA are integrated. That makes it easy to manage both your HSA and health plan through a single website.

If you have money in another HSA, you can transfer that balance directly into your new Bank of America HSA. This is called a Trustee-to-Trustee transfer. Transferring funds via the Trustee-to-Trustee transfer method will allow you to move these funds into your new Bank of America HSA without losing the tax-advantaged status of those funds.

Trustee-to-Trustee transfer checklist

- Contact your current custodian. The current custodian is the organization that is currently managing the HSA funds that you want to transfer to Bank of America.
 - Explain that you want to transfer funds to another HSA and ask if there are other steps you need to take besides completing and sending in the attached *Trustee-to-Trustee Transfer In Form*. Find out if there are any fees associated with the transfer. You will also need to ask for the address to send in the completed form.
 - Confirm the estimated turnaround time for generating the check that will be sent to Bank of America.

- Complete the attached *Trustee-to-Trustee Transfer In Form* (also available on ibxpress.com).

- Send the *Trustee-to-Trustee Transfer In Form* to the current custodian.

Do not mail the form to Bank of America. The completed form must be sent to the current custodian so that they can prepare and send the funds. The current custodian will use the information in Section 2 of the attached form to mail your funds to Bank of America.

- Track the fund transfer.

Once sufficient time has passed for the current custodian to process the request, you can contact them to get the date and amount of the fund transfer. Remember, the full transfer can take up to four to six weeks before funds become available in your Bank of America HSA. Times vary greatly depending upon the custodian and the type of account information that is provided. You can see if the funds have arrived in your Bank of America account by logging into ibxpress.com.

If you have additional questions, call Member Services at the phone number on the back of your member ID card. Do not call Bank of America directly as you will not reach someone who can assist with your HSA.



Please note

The “current custodian” is the organization that is currently managing the HSA funds that you want to transfer to Bank of America.



Trustee-to-Trustee Transfer In Form

Health Savings Account

Purpose	<p>The accountholder should use this form to transfer funds into a Bank of America Health Savings Account (HSA). If there are questions about completing this form, please contact our HSA Customer Service Center at the phone number referenced on the back of your debit card.</p>																						
Form Instructions	<p>Complete this form by entering the required Accountholder Information below. Submit the original completed form to your current trustee.</p> <p>You can only complete a transfer after you have a Bank of America HSA. Please wait until you have your Bank of America account number to request the transfer.</p> <p>Please keep a copy of the materials you send for your records.</p>																						
Section 1: Account-holder Information	<div style="border: 1px solid black; padding: 5px;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 33%; height: 20px;"></td> <td style="border: 1px solid black; width: 33%; height: 20px;"></td> <td style="border: 1px solid black; width: 33%; height: 20px;"></td> </tr> <tr> <td style="font-size: small;">First Name</td> <td style="font-size: small;">Middle Initial</td> <td style="font-size: small;">Last Name</td> </tr> </table> <table style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="border: 1px solid black; width: 40%; height: 20px;"></td> <td style="border: 1px solid black; width: 20%; height: 20px;"></td> <td style="border: 1px solid black; width: 20%; height: 20px;"></td> <td style="border: 1px solid black; width: 20%; height: 20px;"></td> </tr> <tr> <td style="font-size: small;">Street Address</td> <td style="font-size: small;">City</td> <td style="font-size: small;">State</td> <td style="font-size: small;">Zip</td> </tr> </table> <table style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="border: 1px solid black; width: 50%; height: 20px;">()</td> <td style="border: 1px solid black; width: 50%; height: 20px;">()</td> </tr> <tr> <td style="font-size: small;">Daytime Telephone Number</td> <td style="font-size: small;">Evening Telephone Number</td> </tr> </table> <table style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="border: 1px solid black; width: 50%; height: 20px;"></td> <td style="border: 1px solid black; width: 50%; height: 20px;"></td> </tr> <tr> <td style="font-size: small;">Current Custodian Name</td> <td style="font-size: small;">Current Custodian HSA account number</td> </tr> </table> </div>				First Name	Middle Initial	Last Name					Street Address	City	State	Zip	()	()	Daytime Telephone Number	Evening Telephone Number			Current Custodian Name	Current Custodian HSA account number
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Section 2: Instructions to Financial Institution	<p>Instructions to Financial Institution:</p> <div style="border: 1px solid black; width: 300px; height: 20px; margin-bottom: 10px;"></div> <p style="font-size: small;">Bank of America HSA Account Number</p> <p><input type="checkbox"/> Please transfer 100% of my account balance and close my account.</p> <p><input type="checkbox"/> Please transfer \$ _____.</p> <p>Please mail this completed form with a check payable to Bank of America.</p> <p style="font-size: small; margin-left: 20px;">HSA Customer Service Center PO. Box 25172 Lehigh Valley, PA 18002-5172</p>																						
Section 3: Acknowledgement & Signature	<p>I have read and understand the trustee-to-trustee transfer rules and conditions and I have met the requirements for making a transfer. Due to the important tax consequences of transferring funds into an HSA, I have hereby been advised to speak with a tax professional. All information provided by me is true and correct and may be relied on by Bank of America. I assume full responsibility for this funds transfer transaction and will not hold Bank of America liable for any adverse consequences that may result. I hereby irrevocably designate this contribution as a trustee-to-trustee transfer contribution.</p> <p style="margin-top: 20px;">Accountholder Signature _____ Date (mm/dd/yyyy) _____</p>																						

General Information

There are two ways to move funds from an existing HSA or Medical Savings Account into a new HSA:

- 1. Rollover:** A Rollover is a cash distribution and redeposit with another custodian within 60 days. Either the account holder receives funds and redeposits in a new account or writes a check on an old account to a new custodian. The account holder is limited to using this approach once every 12 months.
- 2. Trustee-to-Trustee Transfer:** In a trustee-to-trustee transfer the current custodian moves funds to the new custodian directly. There is no limit under the tax laws on the number of times this can occur.

Comparison of rollover and trustee-to-trustee transfer into a Bank of America HSA

	Rollover	Trustee-to-Trustee Transfer
Permitted Frequency	One rollover per 12 month time period, per HSA. The rollover redeposit with Bank of America must be completed within 60 days after the day the distribution is made. If you fail to redeposit within this 60-day period, your distribution will be taxable to you and will be subject to additional penalty taxes (unless an exception applies).	Unlimited
Tax Reporting	Bank of America is required to report the contribution on Form 5498-SA.	None required
Fees	Bank of America does not charge any fees with a rollover of funds into the HSA. Other custodians may charge fees associated with account closure and/or funds rollover.	Bank of America does not charge any fees with a trustee-to-trustee transfer of funds into the HSA. Other custodians may charge fees associated with account closure and/or a trustee-to-trustee transfer.

NOTE: Bank of America does not provide tax or legal advice. This summary is provided solely for general information purposes, and is not to be construed as tax or legal advice. Please consult with your own attorney or tax advisor to understand the tax and legal consequences of your HSA and your particular situation.

Language Access Services

If you, or someone you're helping, has questions about Independence Blue Cross, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-800-275-2583 TTY 711.

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Independence Blue Cross, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-800-275-2583 TTY 711.

如對 Independence Blue Cross 有任何問題，請您或您所幫助的人聯系我們提供的免費多語言信息服務。翻譯服務請撥打 1-800-275-2583。

Nếu quý vị hoặc người mà quý vị đang trợ giúp có câu hỏi về Independence Blue Cross, quý vị có quyền nhận được trợ giúp và thông tin bằng ngôn ngữ của quý vị hoàn toàn miễn phí. Để yêu cầu thông dịch viên, hãy gọi số 1-800-275-2583.

Если у вас или лица, которому вы помогаете, имеются вопросы по поводу программы Independence Blue Cross, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 1-800-275-2583.

Wann du hoscht en Froog, odder ebber, wu du helpscht, hot en Froog baut Independence Blue Cross, hoscht du es Recht fer Hilf un Information in deinre eegne Schprooch griege, un die Hilf koschtet nix. Wann du mit me Interpreter schwetze witt, kannscht du 1-800-275-2583 uffrufe.

Independence Blue Cross 와 관련하여 궁금한 사항이 있으신 경우, 귀하 또는 귀하의 지원을 받는 사람은 관련 정보 및 지원을 해당 언어로 무료로 받으실 수 있습니다. 통역사와 상담하시려면 1-800-275-2583 로 전화해 주십시오.

Se tu o qualcuno che stai aiutando avete domande su Independence Blue Cross, hai il diritto di ottenere gratuitamente aiuto e informazioni nella tua lingua. Per parlare con un interprete, puoi chiamare il numero 1-800-275-2583.

إذا كان لديك أو لدى شخص تساعد أسئلة بخصوص Independence Blue Cross، فلديك الحق في الحصول على المعلومات الضرورية بلغتك دون أي تكلفة. للتحدث مع مترجم اتصل بـ 1-800-275-2583.

Si vous, ou quelqu'un que vous aidez, a des questions à propos d'Independence Blue Cross, vous avez le droit d'obtenir gratuitement de l'aide et l'information dans votre langue. Pour parler à un interprète, appelez 1-800-275-2583.

Wenn Sie selbst oder eine Person, der Sie helfen, Fragen über Independence Blue Cross haben, so haben Sie das Recht, kostenlos Hilfe und Informationen in Ihrer Sprache anzufordern. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-800-275-2583 an.

જો તમને અથવા તમે કોઈને મદદ કરી રહ્યા તેમાંથી કોઈને Independence Blue Cross વિશે પ્રશ્નો હોય, તો તમને મદદ અને માહિતી તમારી ભાષામાં કોઈપણ ખર્ચ વિના મેળવવાનો અધિકાર છે. દુભાષિયા સાથે વાત કરવા માટે, આ 1-800-275-2583 પર કોલ કરો

Jeśli Ty lub osoba, której pomagasz macie pytania odnośnie do programu Independence Blue Cross, mogą Państwo uzyskać bezpłatną informację i pomoc w Waszym języku. Aby porozmawiać z tłumaczem, proszę zadzwonić pod numer 1-800-275-2583.

Si ou menm, oswa yon moun w ap ede, gen kesyon konsènan Independence Blue Cross, ou gen dwa pou resewva èd ak enfòmasyon nan lang ou gratis. Pou pale ak yon entèprèt, rele 1-800-275-2583.

បើអ្នក ឬក៏នរណាម្នាក់ដែលអ្នកកំពុងជួយ មានសំណួរអំពី Independence Blue Cross អ្នកមានសិទ្ធិក្នុងការទទួលជំនួយនិង ព័ត៌មានជាភាសារបស់អ្នក ដោយឥតគិតថ្លៃ។ ដើម្បីជជែកជាមួយអ្នកបកប្រែ សូមហៅទូរសព្ទទៅលេខ 1-800-275-2583។

Se você, ou alguém a quem você está ajudando, tem perguntas sobre o Independence Blue Cross, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-800-275-2583.

Dii kwe'é atah nilinigií Independence Blue Cross haada yit'éego bina idílkidgo éi doodago háida biká anilyeedigií t'áadoo le'é yina'idílkidgo bee ná ahóót'i'díi t'áa hazaadk'ehjí háká a'doowołgo bee haz'á doo bááh ílinigóó. Ata' halne'ígíí kojí' bich'i' hodíílnih 1-800-275-2583.

Kung ikaw, o ang taong iyong tinutulungan, ay may mga katanungan tungkol sa Independence Blue Cross, may karapatan kang makakuha ng tulong at impormasyon sa iyong wika nang walang gastos. Upang makausap ang isang interpreter, tumawag sa 1-800-275-2583.

ご本人やお客様の周りの人が、Independence Blue Cross についてご質問などがある場合、無料でご希望の言語でのサポートや情報を入手することができます。インタプリタをご利用の方は、1-800-275-2583 までお電話ください。

اگر شما یا شخصی که به وی کمک می کنید، در رابطه با Independence Blue Cross سوالی دارید، این حق برای شما محفوظ است که بدون نیاز به پرداخت هر نوع هزینه، اطلاعات مربوطه را به زبان خود دریافت نمایید. جهت گفتگو با یک مترجم، با شماره 1-800-275-2583 تماس حاصل فرمایید.

Nondiscrimination Notice & Notice of Availability of Auxiliary Aids & Services

Independence Blue Cross complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Independence Blue Cross does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Independence Blue Cross:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters; and written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as: qualified interpreters, and information written in other languages

If you need these services, contact our Civil Rights Coordinator.

If you believe that Independence Blue Cross has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Civil Rights Coordinator. You have five ways to file a grievance directly with Independence Blue Cross: in person or by mail: Independence Blue Cross, ATTN: Civil Rights Coordinator, 1901 Market Street, Philadelphia, PA 19103; by phone: 888-377-3933 (TTY 711), by fax: 215-761-0245, or by email: civilrightscoordinator@ibx.com. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800- 537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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