

Qualified Reservist Distribution Request Form

46770437 (12/18)



PLEASE PRINT CLEARLY

*** This information is mandatory.** Enrollment may be delayed if fields with an asterisk are not filled out.

A Qualified Reservist Distributions (QRD) is a special rule allowing taxable distributions of unused amounts in a health Flexible Spending Arrangement (health FSA) to reservists ordered or called to active duty.

Section 1 Participant information

* Employer name (do not abbreviate)			* Employee ID		
* Participant first name	M.I.	* Last name	* Social Security number		
* Participant mailing address (for changes/updates only)			* City	* State	* ZIP
* Participant physical address			* City	* State	* ZIP
* Day telephone		Email address (if provided, all account notifications will be sent via email)			

Section 2 QRD disbursement request

* Reserve component ¹

¹Paragraph 24 of section 101 of title 37 of the United States code defines the term "reserve component" to mean: (A) the Army National Guard of the United States; (B) the Army Reserve; (C) the Navy Reserve;(D) the Marine Corps Reserve; (E) the Air National Guard of the United States; (F) the Air Force Reserve; (G) the Coast Guard Reserve; or (H) the Reserve Corps of the Public Health Service.

The maximum amount of your distribution is determined by your employer's plan design. If you have questions, please contact BenefitHelp Solutions for details about the selections available to you through your employer. Qualified reservist distributions are taxable to the employee.

<input type="checkbox"/> I elect to withdraw my total available balance in my Medical FSA Account (Total Annual Election minus Total Claims)	
<input type="checkbox"/> I elect to withdraw only a portion of my available balance.	Amount requested: \$ _____

Section 3 Participant certification

I certify that I am a member of the reserve component outlined above and have received orders or the call to duty for a period of 180 days or more. I am an employee participating in my employer's health flexible spending account within the current plan year. I understand that prior year fund balances as well as amounts forfeited prior to June 18, 2008 are not eligible for disbursement as a QRD. I understand that QRDs are only available for funds in the health flexible spending account.

I understand the QRD is a taxable distribution from my health flexible spending account.

I certify that all of the above requirements have been met and request distribution of the funds as indicated above. Attached is a copy of my order or call to duty. I understand the QRD will not be distributed unless I provide a copy of my orders or call to duty along with this form.

* Participant signature	* Date
* Employer signature	* Date

1. Employer signature is required on the form when submitted to BenefitHelp Solutions processing the QRD request.

Return the completed form to BenefitHelp Solutions

Mail: BenefitHelp Solutions, P.O. Box 2823, Fargo, ND 58108 **Fax:** 855-778-9837

Questions? Contact BenefitHelp Solutions at 855-378-0197, Monday - Friday, 7:00 a.m. to 7:00 p.m. CST.