

Health Savings Account (HSA) Transfer Instructions

Welcome to your HSA

CareFirst BlueCross BlueShield (CareFirst) offers BlueFund plans to give you more control over your health care dollars. If you currently have an HSA with another administrator, here's some information to help you transfer your current available balance to Further,** CareFirst's HSA administrator.

Please complete and return the attached HSA Transfer Request form. Also, please note:

- CareFirst does not charge a fee to transfer your account, but your current HSA administrator might. Ask them about any applicable account transfer fees.
- **If you have an investment account** attached to an HSA with your current administrator, you must complete section 2B (Payment Schedule and Investments) on the HSA Transfer Request form.
- **If you do not have an investment account** attached to your HSA, you should check **"Immediately liquidate all investments and send cash proceeds."**

By transferring your dollars to a BlueFund HSA, you'll have no administrative cost (unless you choose to invest funds), great interest rates, investment options, 24/7 customer service and much more. If you choose to invest, the annual account fee is only \$18.



What is an investment account?

When your HSA balance reaches a certain amount, you may have the option to open an investment account where you can place some of your HSA money and potentially earn more interest.

Need help? If you have questions about using your HSA, call BlueFund Customer Service at 866-758-6119.

* Further is an independent company that provides administrative services for CareFirst BlueCross BlueShield consumer-directed health care plans and incentive cards. Further does not sell BlueCross or BlueShield products.

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Health Savings Account Transfer Request



1. ACCOUNT HOLDER INFORMATION
Last Name _____ First Name _____ MI _____
Street Address _____
City _____ State _____ Zip Code _____
Email Address _____ Daytime Phone _____
Further Spending Account ID# _____ Social Security # (if Further number is unknown) _____

2. TRANSFER INSTRUCTIONS
This transfer will be deposited into an HSA.
Directly transfer: all or part of the account identified below to Further as custodian of _____'s account. (account holder's name)
This transfer: will or will not close the account.
A. Payment amount (select one): My entire balance The following amount \$ _____
B. Payment schedule and investments (select one):
Immediately liquidate all investments and send cash proceeds.
Liquidate the investments as identified below:
Account Number or Investment _____ Dollar Amount Requested \$ _____
Account Number or Investment _____ Dollar Amount Requested \$ _____
Account Number or Investment _____ Dollar Amount Requested \$ _____

3. CURRENT HSA ADMINISTRATOR—Transferring from
Trustee/Custodian's Name _____ Trustee/Custodian's Account ID # _____
Street Address _____
City _____ State _____ Zip Code _____
Trustee/Custodian's Phone Number _____ Trustee/Custodian's Fax Number _____

4. ACCOUNT HOLDER INSTRUCTIONS
Please send this completed form back to your previous administrator for processing.

5. ADMINISTRATIVE CHECK MAILING INSTRUCTIONS
Please mail the check to the El Paso address listed below: Mail to: PO Box 982814, El Paso, TX 79998-2814

6. SIGNATURE OF ACCOUNT HOLDER
I authorize the transfer of the account assets in the manner described above. I certify that all of the information I have provided is correct and reliable.
Account Holder Signature _____ Date _____