

Health Savings Account (HSA) Rollover Review

MERCANTILE BANK OF MICHIGAN
P O BOX 2208
GRAND RAPIDS MI 49501-2208
(800)453-8700

1 HSA OWNER INFORMATION

NAME, ADDRESS, CITY, STATE, AND ZIP			
HSA PLAN NUMBER	SOCIAL SECURITY NUMBER	DATE OF BIRTH	DAYTIME PHONE NUMBER

2 ROLLOVER ELIGIBILITY REVIEW (For further explanation see Additional Information included with this form.)

Complete A or B.

- If "No" is checked, a rollover generally cannot occur.
- If you received a distribution of property, the rules require that the same property be rolled over.

<p>A. Rollover from an HSA to an HSA.</p> <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> I am completing this rollover within 60 days of receiving my distribution.</p> <p><input type="checkbox"/> <input type="checkbox"/> I have met the one rollover per 1-year (12-month) limitation.</p>
<p>B. Rollover from an Archer Medical Savings Account (MSA) to an HSA.</p> <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> I am completing this rollover within 60 days of receiving my distribution.</p> <p><input type="checkbox"/> <input type="checkbox"/> I have met the one rollover per 1-year (12-month) limitation.</p>

3 SIGNATURES

I certify that I am the HSA owner or individual legally authorized to complete this form. I certify the accuracy of the information set forth in this form. I assume full responsibility for the consequences of this rollover decision. I acknowledge that the custodian/trustee cannot provide, and has not provided, me with tax or legal advice. I have been advised to seek the guidance of a tax or legal professional.

Signature of HSA Owner

Date

Signature of Custodian/Trustee

Date

ADDITIONAL INFORMATION

Purpose. The Health Savings Account (HSA) Rollover Review form is designed to assist you in meeting your responsibility to only roll over eligible assets.

For Additional Guidance. It is in your best interest to seek the guidance of your tax or legal professional before completing this document. You should also reference the HSA agreement and disclosure statement and/or amendments provided by the custodian/trustee. For more information refer to Internal Revenue Code (IRC) Section 223, other relevant IRC sections, and all additional Internal Revenue Service (IRS) guidance; IRS publications that include information about HSAs; instructions to your federal income tax return; your local IRS office; or the IRS's web site at www.irs.gov.

Terms. The following general terms may be helpful in completing your transactions.

Rollover. A rollover occurs when eligible assets paid directly to you are redeposited within 60 days of receiving the distribution.

The 60-Day Rule. You are allowed 60 calendar days from the date you receive your distribution to complete a rollover.

One Rollover Per 1-Year (12-Month) Limitation. You are limited to one HSA-to-HSA or Archer MSA-to-HSA rollover per 1-year period. You may only roll over one HSA distribution per 1-year period aggregated between all of your HSAs. For example, if you have HSA 1, HSA 2, and HSA 3, and take a distribution from HSA 1 and roll it over into a new HSA 4, you will have to wait 1 year from the date of that distribution to take another distribution from any of your HSAs and subsequently roll it over into an HSA.

Archer Medical Savings Account (MSA). An Archer MSA is a tax-favored savings account designed to help you pay for qualified medical expenses if you are an employee of a small employer or a self-employed individual participating in a high-deductible health insurance plan. Archer MSA assets may be rolled over or transferred to an HSA. However, a rollover is subject to the one rollover per 1-year limitation.

Health Savings Account (HSA) Contribution Instructions

MERCANTILE BANK OF MICHIGAN - HSA SUPPORT
P O BOX 2208
GRAND RAPIDS MI 49501-2208
(800)453-8700

1 HSA OWNER INFORMATION

NAME, ADDRESS, CITY, STATE, AND ZIP			
HSA PLAN NUMBER	SOCIAL SECURITY NUMBER	DATE OF BIRTH	DAYTIME PHONE NUMBER
Type of Health Insurance Plan Coverage (select one): <input type="checkbox"/> Self-Only <input type="checkbox"/> Family			

2 CONTRIBUTION INFORMATION (See Additional Information included with this form.)

INVESTMENT NUMBER	AMOUNT	CONTRIBUTION DATE	TAX YEAR
	\$		
CONTRIBUTION TYPE (select one):			
<input type="checkbox"/> Regular (including Catch-Up)		<input type="checkbox"/> Contribution from an IRA	
<input type="checkbox"/> Rollover from an HSA		<input type="checkbox"/> Rollover from an Archer MSA	
<input type="checkbox"/> Transfer from an HSA		<input type="checkbox"/> Transfer from an Archer MSA	
<input type="checkbox"/> Return of Mistaken Distribution			
Original Distribution Date(s) _____			

3 SIGNATURES

I am the HSA owner, contributor, or individual legally authorized to complete this form. I certify that this is an eligible HSA contribution. I certify the accuracy of the information set forth in this form. I assume full responsibility for all tax consequences associated with my contributions, determining my eligibility, and ensuring that such contributions are in compliance. I understand that the custodian/trustee cannot provide, and has not provided, me with tax or legal advice. I have been advised to seek the guidance of a tax or legal professional.

Signature of HSA Owner/Contributor

Date

Signature of Custodian/Trustee

Date

ADDITIONAL INFORMATION

Purpose. The Health Savings Account (HSA) Contribution Instructions form is used to document an HSA contribution transaction.

Additional Documents. Applicable law or policies of the HSA custodian/trustee may require additional documentation.

For Additional Guidance. It is in your best interest to seek the guidance of a tax or legal professional before completing this document. Your first reference should be the HSA agreement and disclosure statement you received upon establishing your HSA or amendments provided by the custodian/trustee. For more information, refer to Internal Revenue Code (IRC) Section 223, other relevant IRC sections, and all additional Internal Revenue Service (IRS) guidance; IRS publications that include information about HSAs; instructions to your federal income tax return; your local IRS office; or the IRS's web site at www.irs.gov.

Terms. A general understanding of the following terms may be helpful in completing your transactions.

Regular or Annual Contributions. In general, the maximum annual contribution is the contribution limit based on high deductible health plan (HDHP) coverage as shown in the following chart:

Tax Year	HDHP Coverage	Contribution Limit	Catch-Up Contribution Limit	Total Contribution Limit
2014	Self-Only	\$ 3,300	\$ 1,000	\$ 4,300
	Family	\$ 6,550	\$ 1,000	\$ 7,550
2015	Self-Only	\$ 3,350	\$ 1,000	\$ 4,350
	Family	\$ 6,650	\$ 1,000	\$ 7,650
2016 and later	Self-Only	\$ 3,350*	\$ 1,000	\$ 4,350*
	Family	\$ 6,650*	\$ 1,000	\$ 7,650*

*Subject to annual cost-of-living adjustments, if any.

Your maximum annual contribution is generally determined by adding together your monthly contribution limits for the year. Your monthly contribution limit is determined on the first day of each month that you are an eligible individual. A monthly contribution limit is 1/12 of the annual contribution limit based on your health plan coverage (self-only or family) for such month.

However, your maximum annual contribution may be a greater amount if you are an eligible individual on the first day of the last month (December 1 for calendar-year taxpayers). If so, you are treated as an eligible individual for all months of the tax year and you may contribute up to such tax year's annual contribution limit based on your HDHP coverage (self-only or family) on December 1 (for calendar-year taxpayers).

If your maximum contribution amount determined under this method is greater than your monthly-determined maximum, and you contribute the greater amount, a testing period applies. The testing period for this provision begins with the last month of the contribution year and ends on the last day of the 12th month following such month (December 31 for calendar-year taxpayers). If you do not continue to be an eligible individual for the entire testing period, unless you die or become disabled, the difference between your monthly-determined maximum and the amount you contributed is includable in your gross income for the year of failure and is subject to a 10 percent penalty tax. For example, if you are an eligible individual and enroll in self-only HDHP coverage on January 1 but change to family HDHP coverage

on November 1 and retain family HDHP coverage through December 31 of the same year, you may be able to contribute up to the full annual contribution limit for family coverage (plus catch-up if you are eligible) because it is greater than the sum of the monthly contribution limits (10/12 of the self-only annual limit plus 2/12 of the family limit).

If you are an eligible individual, you may elect to take a qualified HSA funding distribution from your IRA (not including ongoing SEP and SIMPLE IRAs) to the extent such distribution is contributed to your HSA in a direct trustee-to-trustee transfer. This amount is aggregated with all other annual contributions and is subject to your annual contribution limit. The contribution is made for the tax year of the distribution. A qualified HSA funding distribution election is irrevocable and is generally available once in your lifetime. A testing period applies. The testing period for this provision begins with the month of the contribution to your HSA and ends on the last day of the 12th month following such month. If you are not an eligible individual for the entire testing period, unless you die or become disabled, the amount of the contribution made under this provision will be includable in gross income for the tax year of the month you are not an eligible individual, and is subject to a 10 percent penalty tax.

If you have more than one HSA, the aggregate annual contributions to all the HSAs are subject to the contribution limit. This limit is decreased by the aggregate contributions to an Archer Medical Savings Account (MSA). The same annual contribution limit applies whether the contributions are made by you, your employer, your family members, or any other person (including nonindividuals). Contributions may be made on your behalf even if you have no compensation or if the contributions exceed their compensation.

Catch-Up Contributions. Catch-up contributions are HSA contributions made in addition to any other regular HSA contributions. You are eligible to make catch-up contributions if you meet the eligibility requirements for regular contributions and are age 55 or older by the end of your taxable year and not enrolled in Medicare. As with the annual contribution limit, the catch-up contribution is generally computed on a monthly basis. However, you may be eligible to contribute the entire catch-up contribution amount even if you are not an eligible individual for the entire tax year using the same first day of the last month eligibility rules and testing period applicable to the annual contribution limit.

Archer Medical Savings Account (MSA). An Archer MSA is a tax-favored savings account designed to help you pay for qualified medical expenses if you are an employee of a small employer or a self-employed individual participating in a high-deductible health plan. Archer MSA assets may be rolled over or transferred to an HSA.

Rollover from an HSA. You are limited to one rollover per 1-year (12-month) period. You may only roll over one HSA distribution per 1-year period aggregated between all of your HSAs. For example, if you have HSA 1, HSA 2, and HSA 3, and take a distribution from HSA 1 and roll it over into a new HSA 4, you will have to wait 1 year from the date of that distribution to take another distribution from any of your HSAs and subsequently roll it over into an HSA.

Rollover from an Archer MSA. Rollovers from an Archer MSA to an HSA are permitted according to the same rules as HSA-to-HSA distributions and rollovers. However, HSA assets cannot be rolled over to an Archer MSA.