

MSA/HSA Rollover Instructions

Transferring your existing MSA or HSA to American Health Resources is easy! All you need to do is:

1. Fill out a copy of our HSA Benefit Election form
2. Send it to AHR
3. Fill out the Rollover Letter of Instruction
4. Send the original to your current MSA or HSA administrator, and a copy to AHR.

As soon as we receive your Benefit Election form, we will open an account for you. Once we receive your funds from your current administrator, we will credit them to your account as a rollover, and send you an account statement confirming receipt.

Additional questions? AHR has the answers!

Call us at 1-800-570-3757

8:30 a.m. to 6:00 p.m. Monday through Friday, central time

**American Health Resources
11 North 2nd Avenue
St. Charles, IL 60174**

MSA Rollover Letter of Instruction

TO:
Current MSA Administrator: _____
Address: _____
Phone: _____
Date: _____

Dear Administrator:

Please transfer all funds and interest accrued in my Medical Savings Account to:

American Health Resources
11 North 2nd Ave.
St. Charles, IL 60174

Please make this payment via check payable to the AHR Administrative Account, for the benefit of _____ (your name). Per IRS regulations, this transfer is made such that I do not receive constructive receipt of the funds.

Thank you for your timely assistance in this matter.

Best regards,

(your signature)

(print name)

Your SSAN: _____

(Please complete, send to your current administrator, and retain a copy for your records.)