

## Account Holder Instructions

To request copies of HSA tax forms for your BenefitWallet® Health Savings Account (HSA), complete this form and send the **ORIGINAL** form to The Bank of New York Mellon (BNY Mellon) at the address below. BNY Mellon will charge your account a fee of \$5.00 per tax form, or as stated on your rate and fee schedule, in accordance with the Health Savings Account Fee and Rate schedule. **Please allow 20 business days to process your request.**

## Send this completed and signed form (not a copy) to BNY Mellon at:

### U.S. Mail:

BenefitWallet SEC  
P.O. Box 18030  
Norfolk, VA 23501-1880

### Courier/Overnight:

BenefitWallet  
1434 Crossways Blvd.  
Attn: East Wing  
Chesapeake, VA 23320

\* **Note:** Tax forms are available online at [www.mybenefitwallet.com](http://www.mybenefitwallet.com).



# Request for Copy of HSA Tax Form



Name: \_\_\_\_\_  
(as currently displayed on account)

HSA Checking Account Number: 9500

Note: Your account number can be found in the upper right corner of your BenefitWallet Welcome Kit cover letter, on the account holder statements, as well as on the member portal and your BenefitWallet checks and deposit slips.

**I am requesting a copy of the tax form(s) for the year(s) indicated below.** This information should be mailed to the address on record. If your address has changed, please submit a Change of Address Form with this request.

Specify Tax Form(s) for which a Tax Form Copy is to be provided:

1099 SA Distributions from an HSA Account      5498 SA Contributions to an HSA Account

Specify year(s) applicable to the tax form(s) indicated above. If the form request includes more than one year, please complete one form for each year.

2004      2005      2006      2007      2008      2009      2010      2011  
2012\*      2013\*      2014\*      2015\*      2016\*      2017\*      2018\*

\* 2012 through 2018 tax forms are downloadable online. Tax forms are available online at [www.mybenefitwallet.com](http://www.mybenefitwallet.com).

Note: A fee of \$5.00 for each tax form requested, or as stated on your rate and fee schedule, will be assessed and deducted from your HSA account.

By completing, signing and submitting this form for processing, I authorize the deduction of all applicable fees from my account and the release of the requested form(s).

Account Holder's signature is required.

Address	
City, State, Zip	

Please return the completed form via U.S. Mail or Courier/Overnight as shown below:

**U.S. Mail:**

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P.O. Box 18030  
Norfolk, VA 23501-1880

**Courier/Overnight:**

BenefitWallet  
1434 Crossways Blvd.  
Attn: East Wing  
Chesapeake, VA 23320

**For Internal use only:**

Signature Verified by:	Date:
Tax Form 1099 SA Copy Prepared by:	Date:
Tax Form 5498 SA Copy Prepared by:	Date:

