MICHIGAN STATE
UNIVERSITY

HEART Reimbursement Act Form

Michigan State University
Flexible Spending Account

Mail completed form to:
MSU Human Resources
1407 S. Harrison Rd.
Nisbet Building, Ste. 110
Lansing, MI 48823-5287
Fax: 517-432-3862

For Questions Call: 517-353-4434 (local)
1-800-353-4434 (toll-free)

The Heroes Earnings Assistance and Relief (HEART) Act: If you are a member of a reserve component of the U.S. military and are ordered or called to active duty for a period of 180 days or more or for an indefinite period, you may withdraw, on a taxable basis, up to the unspent balance of your contributions made to your healthcare flexible spending account. A Qualified Reservist Distribution (QRD) payment can be requested.

Name:

Address: **DOB:**

Is this a new address? ☐ **Yes** ☐ **No** **Phone:** **(Work)** **(Home)**

Employer: Michigan State University **Employee PID:**

Group Number: 140234

Reserve Component (i.e. branch of service): **Date called to active duty:**

QRD Disbursement Request

The maximum amount of your distribution is determined by the unspent balance of your contribution to your healthcare flexible spending account. A Qualified Reservist Distribution payment is considered to be taxable income.

☐ I elect to withdraw my total available balance in my Health FSA (Total amount contributed less amount reimbursed as of the date of the request)

☐ I elect to withdraw only a portion of my Health FSA Amount Requested:

Participant Certification

I certify that I am a member of a reserve component and have received orders or the call to active 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 Care Flexible Spending Account.

Additionally, I understand the QRD is a taxable withdrawal from my Health Care Flexible Spending Account.

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

Employee Signature: Date:

Employer Signature: Date:

NOTE: INCOMPLETE CLAIM SUBMISSION MAY RESULT IN PROCESSING DELAYS. BE SURE TO INCLUDE ALL NECESSARY INFORMATION, SIGN AND DATE FORM.

It is fraudulent to fill out this form with information you know to be false or to omit important facts. Criminal and/or civil penalties can result from such acts. I certify that the above information is correct.