



Qualified Reservist Distribution

- PEBB Use Only -

Approved by _____

Date _____

The **Heroes Earnings Assistance and Relief (HEART) Act** allows military personnel called to active duty for more than 180 days to make withdrawals from a **Healthcare Flexible Spending Account (FSA)** via a Qualified Reservist Distribution (QRD).

1. Contact Information

PEBB Benefit Number (P#####), Employee ID, University ID

Last Name		First Name		MI	Agency #	Gender <input type="checkbox"/> F <input type="checkbox"/> M	
PEBB and the plans in which you enroll will send all benefit-related correspondence to your contact address.							
Contact Address	<input type="checkbox"/> Check if New Address	Apt #	City	State	Zip	County	
Residence Zip Code	Work Zip Code	Work E-mail		Personal E-mail	(optional)		
Date of Birth _ _ / _ _ / _ _ _ _		Work Phone () -		Home Phone	(optional) () -		

2. Employee Signature and Authorization

I hereby elect to receive a QRD from the balance in my Healthcare FSA.

I understand that if my request is approved, I will receive a taxable QRD equal to my plan-year contributions to my FSA as of the date of my request, minus any reimbursements I already received as of that date. My Healthcare FSA will close.

I understand that to receive a QRD, I must submit this form to PEBB during the period beginning on the date of my order or call to active duty and ending on the last day of the plan year during which the order or call occurred.

Example: You are called to active duty on Sept. 13, 2009. You must request a QRD between Sept. 13, 2009 and March 31, 2010 (end of the 2009 plan year grace period). If you submit a request in February 2010 for the 2009 active call to duty and you also have a 2010 FSA the only allowable QRD will be from the 2009 FSA.

I understand I must meet the following conditions for my employer to make the QRD:

- My contributions to my FSA for the plan year as of the date of this QRD request exceed the reimbursements I have received from my FSA for the plan year as of that date.
- I am a member of one of the following: *(check one)*
 - The Army National Guard of the United States
 - The Army Reserve
 - The Navy Reserve
 - The Marine Corps Reserve
 - The Air National Guard of the United States
 - The Air Force Reserve
 - The Coast Guard Reserve
 - The Reserve Corps of the Public Health Service

- **I have attached to this form a copy of my order(s)** from the military organization checked above, indicating that I have been ordered or called to active military duty on _____, (date must be within the current plan year) for a period of at least 180 days or for an indefinite period. (An order or call to active duty of less than 180 days' duration must be supplemented by subsequent calls or orders to reach a total of 180 days or more.)

I also understand:

- The QRD will be included in my gross income and reported as wages on my Form W-2 for the year in which it is paid to me.
- I will forfeit the right to receive reimbursements for medical care expenses incurred during the period that begins on the date of my QRD and ends on the last day of the plan year.
- Prior plan-year fund balances are not eligible for disbursement as a QRD.
- QRDs are available only for funds in the FSA.
- Available QRD funds will be paid to me within 30 days from the date PEBB receives this request.
- A QRD will not be distributed unless I provide PEBB with a copy of my orders or call to duty along with this form.

I certify that I have read the information and met the requirements as indicated. I am requesting withdrawal of all available funds from my FSA.

Employee Signature

Date

Send to: Public Employees' Benefit Board
1225 Ferry Street SE Salem, OR 97301

Or Fax: (503) 373-1654

Keep a copy of all benefit documents for your records.

PEBB Use Only:

ASIFlex Balance

\$ _____

Date _ _ / _ _ / _ _ _ _