## The Federal FSA Program HEART Act: Request for a Qualified Reservist Distribution (QRD)



## Section 1: Identifying information - All information is required for processing.

Please refer to the QRD section of the Frequently Asked Questions for additional information.

	1	
Name:	Date:	
Address:	Daytime Phone:	
City/State/Zip:	Agency:	
FSAFEDS UserID**:	Date of Birth:	
Email Address:		
**If you can't remember your UserID, you may obtain it by going to My Account Summary – click on "I can't remember my UserID" and follow the instructions.		
If the information above is not complete, an FSAFEDS Benefits Counselor will call you to obtain this information. Please provide a phone number (if different from above) where you can be reached Monday through Friday, between 9:00 A.M. and 3:00 P.M., Eastern Time. Phone #:		
Section 2: What FSAFEDS Account(s) are you currently enrolled in?		
☐ I have a 2011 account and it is a (select one): 2011 HC	FSA OR	2011 LEX HCFSA
I have a 2012 account and it is a (select one): 2012 HC	FSA OR	2012 LEX HCFSA
Section 3: What FSAFEDS Account(s) do you want a QRI	from (check o	only ONE box)?
I want a QRD from:		
Just my 2011 account Just my 2012 account	BOTH m	y 2011 AND 2012 accounts
The effective date listed on my order or call to active duty is		·
<ul> <li>Section 4: QRD Request Checklist</li> <li>Complete all of Sections 1 and 2</li> <li>Sign and date the bottom of this form</li> <li>You MUST submit a copy of your order or call to active</li> <li>Fax to 1-866-643-2245, or</li> <li>Mail to FSAFEDS Program, PO Box 36880, Louisville, KY</li> </ul>	•	rm
<ul> <li>By signing below, I acknowledge that:</li> <li>My QRD will be subject to the same employment taxes and ded.</li> <li>My QRD will be the difference between the total allotments in magnetic reimbursed as of the date that I submit this form to FSAFEDS.</li> <li>My QRD will be taxable wages in the year that it is paid to me approcessor via my paycheck.</li> <li>Requesting a QRD will close my FSA account for that Benefit Freimbursement for the remainder of that Benefit Period.</li> <li>I cannot re-enroll for the same Benefit Period that this QRD requestions.</li> </ul>	ny account minus to and my refund will eriod and I canno	the claims that I have been be paid to me by my payroll
Employee Signature		Date