

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.

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 2012 account and it is a (select one): 2012 HCFA OR 2012 LEX HCFA
I have a 2013 account and it is a (select one): 2013 HCFA OR 2013 LEX HCFA

Section 3: What FSAFEDS Account(s) do you want a QRD from (check only ONE box)?

I want a QRD from:

- Just my 2012 account Just my 2013 account BOTH my 2012 AND 2013 accounts

The effective date listed on my order or call to active duty is _____.

Section 4: QRD Request Checklist

- Complete all of Sections 1 and 2
- Sign and date the bottom of this form
- **You MUST submit a copy of your order or call to active duty with this form**
- Fax to 1-866-643-2245, or
- Mail to FSAFEDS Program, PO Box 36880, Louisville, KY 40233

By signing below, I acknowledge that:

- My QRD will be subject to the same employment taxes and deductions as my other taxable wages.
- My QRD will be the difference between the total allotments in my account minus the claims that I have been reimbursed as of the date that I submit this form to FSAFEDS.
- My QRD will be taxable wages in the year that it is paid to me and my refund will be paid to me by my payroll processor via my paycheck.
- Requesting a QRD will close my FSA account for that Benefit Period and I cannot submit eligible claims for reimbursement for the remainder of that Benefit Period.
- I cannot re-enroll for the same Benefit Period that this QRD request is based on.

Employee Signature

Date