

**HEART Reimbursement Act Form**

**Michigan State University  
Flexible Spending Account**

Mail completed form to:  
**MSU Human Resources Benefits  
1407 S. Harrison Rd.  
Nisbet Building, Ste. 140  
Lansing, MI 48823-5287  
Fax: 517-353-1869**

**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:** \_\_\_\_\_ **SSN:** \_\_\_\_\_  
**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.**