



HEART Act Qualified Reservist Distribution (QRD)

To request a QRD, please complete these four steps:

1. Complete Sections 1, 2 and 3.
2. Sign and date the bottom of this form.
3. Submit a copy of your order or call to active duty with this form.
4. Mail your form to FSAFEDS:

✉ Mailing address: FSAFEDS Program - Forms, P.O. Box 14877, Lexington, KY 40512-4877

For additional information, please see the [HEART Act FAQs](#) on the FSAFEDS website.

Section 1: Identifying Information

Name:	Federal Agency:	
Address:	Daytime Phone:	
City:	State:	ZIP:
FSAFEDS Username*:	Date of Birth:	
Email Address:		
Effective Date:		

*If you can't remember your FSAFEDS Username, you may obtain it at www.FSAFEDS.com. Simply click on "Forgot Username" and follow the instructions.

Section 2: Current FSAFEDS Account

Select the FSA that you are currently enrolled in for this benefit period.

- HCFSAs
- LEX HCFSAs
- Non Applicable

Section 3: QRD Request

Select the FSA that you want a QRD from (check only one box).

- Current HCFSAs or LEX HCFSAs
- Last benefit period's HCFSAs or LEX HCFSAs
- BOTH my current HCFSAs or LEX HCFSAs and last benefit period's HCFSAs or LEX HCFSAs

By signing below, I acknowledge that:

- My QRD will be subject to the same employment taxes and deductions as my other taxable income.
- 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 reenroll for the same benefit period that this QRD request is based on.

<hr/> Employee Signature	<hr/> Date
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