

**Flexible Spending Account (FSA)
Request for Qualified Reservist
Distribution**

**Mail or fax completed form and military orders to:
Vanguard
P.O. Box 2600
Valley Forge, PA 19482-2600
Mailstop M22**

Fax to 610-669-2795

Instructions

- Retain a copy of this request for your file. Distribution information cannot be returned.
- Do not highlight this form or enclosed documentation. Highlighting makes scanned and faxed documents difficult to read.
- Attach a copy of your activation orders.

*****You must sign and date this form to avoid distribution payment delay.*****

Section 1 – Employee information

FSA Identification Number – As a participant with the FSA, you have been assigned a unique participant number. Your FSA ID Number is the same as your 5 digit Vanguard Crew ID Number. You can locate this number on any one of the following sources:

- Vanguard Photo Badge – The ID number is displayed on your Vanguard security access badge.
- Activity Statement – As an Aetna FSA participant, you may receive an additional activity statement at least once a year.
- Aetna Medical ID Care – If you are enrolled in Vanguard’s Aetna medical Plan, your ID number is displayed here.

SECTION 1. Employee Information

Employee's FSA ID Number	Employee's Last Name	First	MI	Daytime Telephone Number
Street Address		City	State	Zip Code
Reserve Branch*:				
Anticipated length of active duty (must be no less than 180 days or for an indefinite period of time):				

SECTION 2. Distribution Information

Requested Distribution Amount \$ _____
Note: Withdrawal requests must be less than or equal to the available balance in your fund. To determine how much money is available for withdrawal, refer to www.aetnavigitor.com .

SECTION 3. Certification

I, _____, certify that I have been called to active duty by the Reserve Branch indicated above for a period of at least 180 days, or an indefinite period of time, beginning on _____. I have attached a copy of my orders. I am requesting a Qualified Reservist Distribution from my Flexible Spending Account (FSA) in accordance with the Heroes Earnings Assistance and Relief Act of 2008. I understand that this Distribution may be taxable income to me. I further understand that once I request a Qualified Reservist Distribution, I will cease my participation in the FSA, receive distribution of my contributions to the FSA, and no longer have any right to submit FSA claims for the remainder of the plan year including the grace period.	
Employee Signature	Date

*You must be in one of the following reserve branches to be eligible for a Qualified Reservist Distribution:

- Army National Guard of the United States
- Army Reserve
- Marine Corps Reserve
- Air National Guard of the United States
- Air Force Reserve
- Coast Guard Reserve
- Reserve Corps of the Public Health Service