



# HEART Act Qualified Reservist Distribution (QRD)

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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

The deadline for requesting a qualified reservist distribution (QRD) is the last day of the [benefit period](#) during which the order or call to active duty occurs.

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

## Section 1: Identifying Information

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

\*If you can't remember your FSAFEDS Username, you may obtain it at [www.FSAFEDS.com](http://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.

- HCFSA
- LEX HCFSA
- Non Applicable

## Section 3: QRD Request

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

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

### 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/> <b>Employee Signature</b>	<hr/> <b>Date</b>
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