

Return of Mistaken HSA Contribution Form

Mail or fax completed forms to:

Address: HealthEquity, Attn: Client Services
15 W Scenic Pointe Dr, Ste 100, Draper, UT 84020

Fax: 520.844.7090

HealthEquity[®]
Building Health Savings[™]

Primary Account Holder Information

Employer Name (if applicable)			
Last Name	First Name	M.I.	
Street Address	City	State	ZIP
Email Address (required)	Daytime Phone ()	Last 4 of SSN or HealthEquity ID Number (6 or 7 digits)	

Mistaken Contribution Information

Mistaken contribution amount: _____ Year of mistaken contribution: _____

I certify that the above contribution was the result of a mistake of fact. I understand HealthEquity is not required to accept the mistaken contribution and, that I am responsible for any tax consequences that may result from this transaction.

Mistaken contribution requests may only be accepted for contributions that were submitted by the member on a post-tax basis, and not for pre-tax contributions or those submitted from another entity. Funds will need to pass through applicable clearing periods before they are returned. Requests may only be made during the indicated tax year and will result in a decrease in the total amount contributed for the applicable tax year.

Please note: A \$20.00 processing fee may apply and will be deducted from your health savings account (HSA). There must be sufficient funds in your account to cover the processing fee.

Banking Information (If no option is selected, form is void.)

How would you like the mistaken contribution returned to you?

Option 1—One-time electronic funds transfer (EFT)

Fax this form and a copy of a voided check to:
HealthEquity, attn: Client Services, 520.844.7090.

Account type: Checking Savings Amount: \$ _____

Financial institution: _____

Routing number: _____ Account number: _____

Form must be accompanied by a copy of a voided or actual check.

Your Name
123 Main Street
Any Town, USA 54321

1234
98-123-1/4359

Pay to the order of _____ \$ _____ Dollars

Your Financial Institution
400 Countrywide Way
Sunny Valley, CA 95065

For _____

2 2000 78 9 0 123456789 1234

Routing Number Account Number Check Number
(Do not include)

Option 2—Use the verified EFT account already tied to my HSA.

Authorization

By signing below, I swear or affirm that the correction from my HSA in the amount stated above is a correction of a mistaken contribution resulting from a mistake of fact due to reasonable cause. I understand that I am solely responsible for any tax consequences and penalties resulting from improperly reporting this as a mistaken contribution, instead of a distribution of excess contribution, from my HSA.

Name (please print)	Signature	Date
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