

Health Savings Account (HSA) Instructions for Request for Return of Excess Contributions or Request to Close an HSA Opened in Error

Use this form to correct either of these situations.

Excess Contributions: When you have contributed more to your HSA than you're allowed for the tax year, you have an excess contribution. You have until the tax filing deadline to withdraw an excess contribution from the prior tax year without penalty. Generally, the tax filing deadline is April 15 of the next year. You may have to file additional tax forms. Please consult with a tax advisor if you have any questions about your HSA contributions.

HSA Opened in Error: If you opened an HSA in error because you were never eligible, you can close it. If you have any funds in the HSA, we'll return them. You may refer to Internal Revenue Service (IRS) Publication 969 for more information.

Note: If you need help with this form, please call Member Services. The number's on the back of your HSA debit card.

Below are a few reminders as you complete the form.

- Complete all sections. If you're requesting that the funds be returned to your employer, please make sure that your employer knows about this and is prepared to accept the funds.
- If requesting a return of excess contributions, please make sure that you include the year of the excess contribution (section 3).
- You must sign this form (section 4).

You can mail or fax this form to:

PayFlex Systems USA, Inc.
HSA Operations
PO Box 3317
Carol Stream, IL 60132-3317
Fax: 1-301-564-5192

Health Savings Account (HSA) Instructions for Request for Return of Excess Contributions or Request to Close an HSA Opened in Error

Section 1: HSA Account Owner Information – Please Print

First Name	MI	Last Name	Social Security Number (Last 4 Digits)
Address			
E-mail address			

Section 2: Employer Information– Please Print

Employer Name

Section 3: Instructions

<p>Please Check One:</p> <p><input type="checkbox"/> Opened in error: This account was opened in error. Please close this account and return funds as noted below.</p> <p><input type="checkbox"/> Excess Contributions: This account has an excess contribution of \$ _____. The excess contribution plus any interest will be removed from the core account.</p> <p style="text-align: center;">Year of Excess Contribution (select one): <input type="checkbox"/> Current Year: _____ (YYYY) <input type="checkbox"/> Prior Year: _____ (YYYY)</p>
--

<p>Please Check One:</p> <p><input type="checkbox"/> Return the funds to my employer (identified in Section 2). My employer is aware of this request. My employer understands that these funds will be returned to them for processing through payroll and that appropriate payroll and income taxes will be applied.</p> <p><input type="checkbox"/> Return the funds to the account owner (identified in Section 1). I understand that I am responsible for reporting the return of funds appropriately on my personal tax return.</p>

Notes to Account Owner:

- If you have a checking or savings account linked to your HSA, the funds will be returned to the linked bank account. If you have more than one linked bank account, please identify the account to which the funds will be returned: _____
- If you do not have a linked bank account, you'll receive the funds in the mail, to the address listed on your account.
- If your account balance is less than this requested amount, we'll return up to the account balance. If you have an investment account with your HSA, you can liquidate funds to have them available for this request. You may want to consult with your tax advisor to discuss any possible tax consequences.

Section 4: Account Owner's Signature

I authorize and request PayFlex to execute the instructions I have provided here. I understand that I am responsible for any tax consequences and I accept full responsibility for complying with IRS requirements. I indemnify and hold PayFlex, its agents and affiliates, harmless from any resulting liabilities. The information I have provided is true and accurate.

Signature of Account Owner	Date
----------------------------	------

You can mail or fax this form to:

PayFlex Systems USA, Inc.
HSA Operations
PO Box 3317
Carol Stream, IL 60132-3317
Fax: 1-301-564-5192

Note to Employer: If you're sending in this form, you can also fax or e-mail it to your PayFlex Account Manager.