

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

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. 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 to you. 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 is on the back of your HSA debit card.

Below are a few reminders as you complete the form.

- Complete all sections.
- If requesting a return of excess contributions, make sure that you include the year of the excess contribution (section 2).
- If the excess contribution occurred for multiple years, list each year and the corresponding amount.
- 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.
- You must sign this form (section 3).

You can mail or fax this form to:

PayFlex Systems USA, Inc.
HSA Operations
PO Box 3317
Carol Stream, IL 60132-3317
Fax: 1-402-943-1567

**Health Savings Account (HSA)
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			
Email address		Employer Name	
HSA Account Number			

Section 2: Request Type

Please Check One:

Opened in error: This account was opened in error. Please close this account and return funds to account owner.

Excess Contributions: This account has an excess contribution of \$ _____. The excess contribution plus any interest will be removed from the core account and returned to the account owner.

Year of Excess Contribution (select one): Current Year: ____ (YYYY) Prior Year: ____ (YYYY)

Method of Payment:


Return the funds to the account owner (identified in Section 1) as listed below. ** If no option is selected, a check will be sent to your address of record.

ACH: Distribute funds to the linked bank account on file. (If you have more than one linked bank account on file, please identify the account to which the funds will be returned): _____

CHECK: Mail check to address of record (default if no choice indicated)

Section 3: 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 understand that I am responsible for reporting the return of funds appropriately on my personal tax return. 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 (REQUIRED) 	Date
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