



Health Savings Account Excess Contribution Removal Form



Complete this form to remove excess contribution funds from your Health Savings Account (HSA). **All fields are required.**

Accountholder Information										
First Name:				Middle Initial:			Last Name:			
Account Number (8 or 12 digits from your statement or Member Website):										
Street Address:					City:			State:		ZIP:
Phone Number:										
Full 9-digit Social Security Number:										

Funds contributed in excess of your contribution limit and the earnings on those funds are subject to penalty and tax unless the excess and earnings are withdrawn by you prior to the due date, including any extensions, for filing your Federal Income Tax return. You should consult a qualified tax advisor in connection with your excess contribution removal.

Note: The Internal Revenue Service (IRS) requires HSA Bank to report withdrawals that are considered refunds of excess contributions. In order for the withdrawal to be accurately reported, you may not withdraw the excess directly. Instead, you must request an excess contribution refund by faxing or mailing this signed and completed form to HSA Bank, using the address or fax number listed below. Please select an option from the *Method of Funds Returned* section below.

Excess Contribution Information (Complete this section with the amount of excess being removed and the earnings on that excess.)		
My Excess Amount:		Earnings on Excess:
		Tax Year:

Method of Funds Returned
<input type="checkbox"/> Return my excess contribution funds to me.* (Default) <i>*If you have an external bank account linked to your HSA, the funds will be deposited into the account you have designated for direct deposit. Otherwise, you will receive a check.</i>
<input type="checkbox"/> Apply my excess contribution as my current year's contribution.

HSA contribution maximums are determined by the IRS and are no longer based on your deductible. For more information, please visit the U.S. Department of the Treasury website:
<http://www.treasury.gov/resource-center/faqs/Taxes/Pages/Health-Savings-Accounts.aspx>.

Yearly Contribution Maximums		
Coverage	201 Contribution Maximum	201 Contribution Maximum
Single	\$3,4 0	\$3, 0
Family	\$6, 0	\$ 00

Catch-Up Contribution: Accountholders who meet the qualifications noted below are eligible to make an HSA catch-up contribution of \$1,000. This is in addition to the maximums noted above.

- Health Savings accountholder
- Age 55 or older (regardless of when during the year an accountholder turns 55)
- Not enrolled in Medicare (if an accountholder enrolls in Medicare mid-year, catch-up contributions should be prorated)

Authorized Signers who are 55 or older must have their own HSA in order to make the catch-up contribution.

If you have questions regarding excess contributions, please contact a qualified tax advisor. If you have questions regarding your account balance, please contact our Client Assistance Center at 800-357-6246.

By signing below, I hereby authorize a refund of the excess contribution and earnings as specified above.

Customer Signature: _____ Date: _____

P.O. Box 939, Sheboygan, WI 53082-0939
 605 N. 8th St., Ste. 320, Sheboygan, WI 53081-4525
 Phone: 800-357-6246 | Fax: 877-851-7041
 Website: www.hsabank.com | Email: askus@hsabank.com