

# Excess Contribution and Deposit Correction Request Form

Be sure to consult a tax advisor before making a distribution/withdrawal to determine any possible tax implications. Please contact your Employer for any questions related to Employer Initiated Contributions via payroll as your Employer should initiate correction requests for these transactions. If you have investment funds, please be sure that the money you are requesting is moved from your investment account to your HSA before submitting your form for processing. Please do not provide any card information on this form as forms with debit card numbers will not be processed and will be destroyed for your protection. Customer service professionals can be reached by calling the number on the back of your debit card (Monday - Friday from 8 a.m. to 8 p.m. Eastern time) if you have any questions while completing this form.

197 CO HSA

## 1 Account Holder Information

Account Holder Name:	Account #:
Phone #:	

## 2 Withdrawal/Distribution Type

Funds will be returned via check to the address on file for your HSA. Please choose **one** of the following:

- Excess contribution refund. (Refund of money that was deposited in excess of my maximum contribution limit.)  
Please note that if the excess contribution occurred for multiple years, please list each year and the corresponding amount.

\_\_\_\_\_  
Tax Year Excess Contribution Occurred:

\_\_\_\_\_  
Excess Contribution Amount:

- Correction for a previous **INDIVIDUAL** contribution deposited in error. **Please note that this correction cannot be utilized for funds initiated by an Employer or Third Party. If multiple deposits occurred please list each deposit date and the corresponding amount.**

\_\_\_\_\_  
Deposit Date:

\_\_\_\_\_  
Deposit Amount:

- Individual Contribution tax year correction. (Change **INDIVIDUAL** contribution from one tax reporting year to another. **Please note this correction can result in a corrected 5498-SA. If multiple deposits occurred please list each deposit date and the corresponding amount.**)

\_\_\_\_\_  
Deposit Date:

\_\_\_\_\_  
Deposit Amount:

\_\_\_\_\_  
Tax Year Funds **WERE** Applied to:

\_\_\_\_\_  
Tax Year Funds **SHOULD** Apply to:

## 3 Account Holder Authorization

Due to the important tax consequences when correcting transactions in an HSA, I have been advised to seek the advice of a legal or tax professional. All information provided by me herein is true and correct and may be relied on by Optum Bank. I assume full responsibility for this transaction and any consequences resulting from this correction including taxes and penalties owed.

x

\_\_\_\_\_  
Account Holder Signature

\_\_\_\_\_  
Date

Thank you for allowing us to serve you.

### Where to return your form?

By Mail: Optum Bank, P.O. Box 271629, Salt Lake City, UT 84127

By Fax: 1-866-314-9795