

Health Savings Account Excess Contribution Removal Form



This form is required by the IRS to properly report an excess contribution removal.

Complete this form to request an excess contribution refund for your Health Savings Account (HSA).

Return this form to HSA Bank.

Email: hsaforms@hsabank.com

Fax: 877-851-7041

Mail: HSA Bank, P.O. Box 939, Sheboygan, WI 53082-0939

You can review your transactions via your statement or [myCigna®](#) (24/7 access). For assistance, please call the number on the back of you ID card.

Contact a tax professional or review IRS Publication 969 for tax-related questions.

| Accountholder Information | | | | | | | | | | | |
|---|--|--|--|-----------------|--|------------------------|--|------------|--------|--|------|
| First Name: | | | | Middle Initial: | | | | Last Name: | | | |
| Mailing Address: | | | | | | City: | | | State: | | ZIP: |
| Phone Number: | | | | | | | | | | | |
| Account Number (8 or 12 digits from your statement or myCigna®): | | | | | | | | | | | |
| OR | | | | | | | | | | | |
| Full 9-digit Social Security Number: | | | | | | - | | | - | | |
| <i>Account Number OR full Social Security number is required.</i> | | | | | | | | | | | |
| Excess Contribution Information (Complete this section with the amount of excess being removed and the earnings on that excess.) | | | | | | | | | | | |
| <i>If you are reporting earnings on a distribution of an excess contribution for HSAs and Archer MSAs, use the calculation method found under the IRS regulations section 1.408-11 to calculate net income attributable to IRA contributions that are distributed as a returned contribution.</i> | | | | | | | | | | | |
| My Excess Amount: \$ | | | | | | Earnings on Excess: \$ | | | | | |
| Method of Funds Returned | | | | | | | | | | | |
| <input type="checkbox"/> Return my excess contribution funds to me. (Default) <i>Default method to return funds will be by check unless an external bank account is linked to your HSA.</i> | | | | | | | | | | | |
| <input type="checkbox"/> Apply my excess contribution as my current year's contribution. <i>This option may cause a 6% excise tax. Please consult a tax professional regarding this option.</i> | | | | | | | | | | | |
| NOTE: HSA contribution maximums are determined by the IRS. Visit hsabank.com/irs-guidelines for current IRS contribution maximums. | | | | | | | | | | | |
| Catch-Up Contribution | | | | | | | | | | | |
| Accountholders who meet the qualifications noted below are eligible to make an HSA catch-up contribution of \$1,000. | | | | | | | | | | | |
| <ul style="list-style-type: none"> HSA 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) | | | | | | | | | | | |
| Spouses who are 55 or older and covered under the accountholder's medical insurance can also make a catch-up contribution into a separate HSA in their own name. | | | | | | | | | | | |
| Signature | | | | | | | | | | | |
| By signing below, I hereby authorize a refund of the excess contribution and earnings as specified above. | | | | | | | | | | | |
| Signature: | | | | | | Date: | | | | | |