

# Health Savings Account Excess Contribution



## Removal Form

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

**Instructions** — Complete all fields below and return signed form to one of the following:

Online: Log in to your HSA Bank account. If you haven't created your username and password yet, please do so at [hsabank.com](https://hsabank.com) and then log in. Next, select Resources from the left navigation, and in the Secure Document Upload section, click Upload.

Email: [hsaforms@hsabank.com](mailto:hsaforms@hsabank.com); Mail: HSA Bank, P.O. Box 939, Sheboygan, WI 53082

Call 800-357-6246 for assistance. *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 summary or Member Website):  |  |  |  |                 |                        |   |            |        |   |      |
| <b>OR</b>   |  |  |  |                 |                        |   |            |        |   |      |
| 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)<br><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.<br><b><i>This option may cause a 6% excise tax. Please consult a tax professional regarding this option.</i></b>   |  |  |  |                 |                        |   |            |        |   |      |
| NOTE: HSA contribution maximums are determined by the IRS. Visit <a href="https://hsabank.com/irs-guidelines">hsabank.com/irs-guidelines</a> 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"><li>HSA accountholder</li><li>Age 55 or older (regardless of when during the year an accountholder turns 55)</li><li>Not enrolled in Medicare (if an accountholder enrolls in Medicare mid-year, catch-up contributions should be prorated)</li></ul>           |  |  |  |                 |                        |   |            |        |   |      |
| 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:                  |   |            |        |   |      |