

## **Health Savings** Account (HSA) Electronic Distribution Reversal Form

Instructions — Prior to submitting this form, please ensure your electronic credit from your external account has posted to your HSA. Once posted, complete all fields and return via your preferred method to update the coding of the contribution to be a distribution reversal.

Online: Log in to your HSA Bank account. If you haven't created your username and password yet, please do so at 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; Mail: HSA Bank, P.O. Box 939, Sheboygan, WI 53082

Call 800-357-6246 for assistance.

## **Accountholder Information**

First name:		Last name:	Last name:	
Street address:				
City:		State:	State: Zip code:	
Account number (8 or 12 digits from your summ	nary or member webs	ite):		
	0	R		
Full 9-digit Social Security number:		-	-	
Account n	umber OR full Socia	al Security numb	per is required.	
Distribution Information (All Fields Required)  Date the ACH was processed to credit funds into Distribution Reversal amount that was sent via A  \$				
Date of <b>original</b> distribution that you are looking	to reverse (mm/dd/yyy	y):		
Note: HSA Bank will only reverse a distribut specified, the distribution reversal will be constant.				. If no year is
Signature				
By my signature below, I swear or affirm that this a mistaken distribution or distributions as define cause). I understand that I am solely responsible repayment of a mistaken distribution, instead of	ed by the Internal Reve ble for any tax conseq	enue Service (resuences and pena	ulting from a mistake o	f fact due to reasonable
Accountholder signature:			Date:	

Accountholder signature: