

# Employer HSA Bulk Correction Form



Please use this form to request contribution reversals or to update transaction coding on contributions. After completing Section 1, please complete either Section 2 OR Section 3, not both. A spreadsheet including your information **must** be submitted along with this form (see below).

Note: Your request can be processed only if it is within regulatory limitations. Visit IRS.gov or consult with your tax advisor for more information.

**Instructions:** Complete all fields below and return signed form and excel document to the following:  
Email: [hsaforms@hsabank.com](mailto:hsaforms@hsabank.com)

If you have any questions, please contact your assigned Cigna Healthcare Consumer Account Specialist.

<b>Section 1: Employer Name (must match what is on file)</b>																																																																		
Employer Name: _____																																																																		
<b>Section 2: Reversal of Contributions</b>																																																																		
Method of returning funds to the employer	<input type="checkbox"/> Check (Default) *Funds will be mailed to the employer name and address on file. Mailed to attention of (optional): _____  <input type="checkbox"/> ACH (Only available for clients that have GOC.)																																																																	
*Prior-year reversals cannot be processed after the current- year tax deadline has passed. *If the requested amount is greater than the available balance, only the available balance will be reversed.																																																																		
<b>The required spreadsheet submitted with this form must follow one of the two options below for contribution reversals.</b>																																																																		
<b>Option 1:</b> Include accountholder name, full SSN, date of contribution, amount of contribution, and type of contribution.	<b>Option 2:</b> Include accountholder name, full SSN, amount to reverse, type of contribution, tax year contribution made in, and tax year contribution applied to.																																																																	
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By signing below, I authorize HSA Bank to reverse the contribution(s) from the accountholder’s Health Savings Account to correct contributions made in error. I understand that by completing this form, the contribution(s) will be reversed from the account if the account has a sufficient balance, and that the contribution(s) will not be included on tax reports if the error occurred this year. If the error occurred last year, I understand that the accountholder may receive corrected tax forms and that he or she should consult with a tax advisor. <b>I attest that the reason for submission is due to a verifiable administrative error within the IRS guidelines.</b>																																																																		
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Update contribution type	<input type="checkbox"/> Change to post-tax contribution <input type="checkbox"/> Change to payroll deduction <input type="checkbox"/> Change to employer contribution																																																																	
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