

# Health Savings Account (HSA) Distribution Reversal Form with Check



**Instructions:** Complete all fields below and return signed form **with a check** made out to HSA Bank for the amount of the distribution to be reversed to:

Regular Mail: HSA Bank, P.O. Box 251, Sheboygan, WI 53082-0251

Overnight Mail: HSA Bank, 605 North 8th Street, Suite 320, Sheboygan, WI 53081

Call 800-357-6246 for assistance.

## Accountholder Information

First name:	MI:	Last name:								
Street address:										
City:	State:	ZIP code:								
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>										

## Distribution Information

Distribution reversal amount: \$ _____	Date original <b>distribution</b> occurred (mm/dd/yyyy):
Please indicate the reason you are requesting to reverse a distribution.	
<input type="checkbox"/> A distribution was processed in error or a bill was overpaid and I authorize HSA Bank to credit the amount to my HSA. (Check enclosed)	
<input type="checkbox"/> My account was closed by HSA Bank due to lack of verified identification but is now open and I authorize HSA Bank to credit the amount to my HSA. (Check enclosed)	
<input type="checkbox"/> An excess distribution was processed on my HSA and I authorize HSA Bank to credit the amount to my HSA. (Check enclosed)	
<b>NOTE: HSA Bank will only reverse a distribution that occurred in the current year or the previous year. If no year is specified, the distribution reversal will be credited for the year in which it was received.</b>	

## Signature

By my signature below, I swear or affirm that this credit, in the amount stated above to my Health Savings Account (HSA), is repayment of a mistaken distribution or distributions as defined by the Internal Revenue Service (resulting from a mistake of fact due to reasonable cause). I understand that I am solely responsible for any tax consequences and penalties of improper reporting of this credit as repayment of a mistaken distribution, instead of a contribution, to my HSA.	
<b>Accountholder signature:</b>	<b>Date:</b>