

Excess Contribution and Deposit Correction Request Form

Please consult a tax advisor before making a distribution / withdrawal to determine any possible tax implications. Please contact your Employer for any questions related to Employer Initiated Contributions via payroll as your Employer should initiate correction requests for these transactions.

IMPORTANT NOTE: If you have investment funds, please be sure that the money you are requesting is moved from your investment account to your HSA before submitting your form for processing.

PART 1: Optum Bank Contact Information

By Mail:
 Optum Bank
 P.O. Box 271629
 Salt Lake City, UT 84127

By Fax:
 1-866-314-9795

Questions?
 Please refer to the phone number on the back of your Debit Card.
 Customer Service Professionals are available from 8 a.m. to 8 p.m. Eastern time to assist you.

PLEASE DO NOT PROVIDE ANY CARD INFORMATION ON THIS FORM AS FORMS WITH DEBIT CARD NUMBERS WILL NOT BE PROCESSED AND WILL BE DESTROYED FOR YOUR PROTECTION.

PART 2: Optum Bank Account Holder Information – Please print and complete all fields

Account Holder Name: _____	Social Security #: _____
Optum Bank Account #: _____	Daytime Telephone #: _____

PART 3: Withdrawal / Distribution Type – Required

Please choose one of the following:

Excess contribution refund. (Refund of money that was deposited in excess of my maximum contribution limit.)

Tax Year Excess Contribution Occurred: _____	Excess Contribution Amount: _____
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Please note, if the excess occurred for multiple years please list each year and the corresponding amount.

Correction for a previous **INDIVIDUAL** contribution deposited in error.

Deposit Date: _____	Deposit Amount: _____
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Please note, this correction cannot be utilized for funds initiated by an Employer or Third Party. If multiple deposits occurred please list each deposit date and the corresponding amount.

Individual Contribution tax year correction. (Change **INDIVIDUAL** contribution from one tax reporting year to another.)

Deposit Date: _____	Deposit Amount: _____
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Tax Year Funds WERE Applied to: _____	Tax Year Funds SHOULD Apply to: _____
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Please note this correction can result in a corrected 5498-SA. If multiple deposits occurred please list each deposit date and the corresponding amount.

Note: Funds will be returned via check to the address on file for your Health Savings Account.

PART 4: Account Holder Authorization

Due to the important tax consequences when correcting transactions in an HSA, I have been advised to seek the advice of a legal or tax professional. All information provided by me herein is true and correct and may be relied on by Optum Bank. I assume full responsibility for this transaction and any consequences resulting from this correction including taxes and penalties owed.

X _____
 Signature of Account Holder

 Date