

# Mistaken HSA Distribution Form

Email, fax, or mail completed forms to:  
**Email:** hsaoperations@motivhealth.com  
**Fax:** 844.533.1289  
**Mail:** MotivHealth, Attention: HSA Operations  
PO Box 709718 Sandy, UT 84070-9718

## Primary Account Holder Information

Employer Name (if applicable):			
Last Name:	First Name:	M.I.:	
Street Address:	City:	State:	ZIP:
Email Address (required):	Daytime Phone:	Last 4 of SSN or MotivHealth ID Number (6 or 7 digits)	

## Distribution Information

Amount of Mistaken Distribution: \$ \_\_\_\_\_ Year of Mistaken Distribution: \_\_\_\_\_

I certify that the above distribution was the result of a mistake of fact and I authorize MotivHealth to redeposit the distribution as a mistaken distribution. I understand MotivHealth is not required to accept the mistaken distribution and, that I am responsible for any tax consequences that may result from the distribution.

## Banking Information (If no option is selected, form is void)

**Option 1** – Use verified EFT account already on file associated to my HSA. Please provide last 4 of account number: \_\_\_\_\_  
**Note:** Account must be verified for contributions in order for MotivHealth to pull the funds via EFT.

**Option 2** – One-time electronic funds transfer (EFT) **Form must be accompanied by a copy of a voided or an actual check.**

**Option 3** – Include a check payable to MotivHealth with this form and mail to:  
**MotivHealth, Attn: HSA Operations, PO BOX 709718 Sandy, UT 84070-9718**  
**Note:** When you provide a check as payment, you authorize MotivHealth to either use the information from your check to make a one-time, Back Office Conversion (BOC), electronic fund transfer from your account if eligible, or to process the payment as a check transaction. Funds processed via BOC may be withdrawn from your account as soon as the same day your payment is received.

## Signature

By signing below, I swear or affirm that this deposit, 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 deposit as repayment of a mistaken distribution, instead of a contribution, to my HSA.

Name (please print):	Signature:	Date:
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**Note:** Incomplete forms will not be processed. In such cases, we will attempt to contact you via email or phone to advise that the form was missing information.

