Return of Mistaken HSA Contribution Form

motivhealth

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):	

Mistaken Contribution Information

Mistaken contribution amount: _____ Year of mistaken contribution: _____

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

Mistaken contribution requests may only be accepted for contributions that were submitted by the member on a post-tax basis, and not for pre-tax contributions or those submitted from another entity. Funds will need to pass through applicable clearing periods before they are returned. Requests may only be made during the indicated tax year and will result in a decrease in the total amount contributed for the applicable tax year.

Banking Information

Check only one option. If no option is selected, or if there is no verified EFT account on file, a check will be mailed.

☐ **Option 1** — Use verified EFT account already on file associated to my HSA. Please provide last 4 of account number.* _____

☐ **Option 2** — One-time electronic funds transfer (EFT).
(If an EFT is not on file, a check will be sent. Please allow up to 3 weeks for the check to arrive.)

(**Note**: Email address is required for EFT)

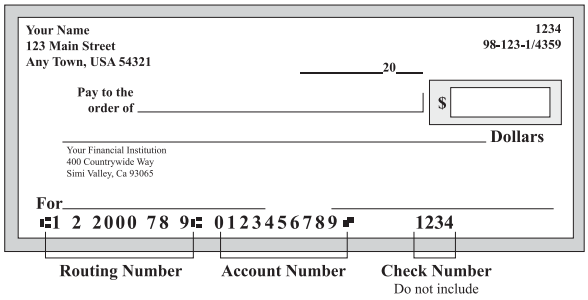
Account type: ☐ Checking ☐ Savings

Financial Institution: _____

City/State: _____

Routing Number: _____

Account Number: _____



☐ **Option 3 —** Check. Please allow up to 3 weeks for receipt of check.

*Required fields

Authorization

By signing below, I swear or affirm that the correction from my HSA in the amount stated above is a correction of a mistaken contribution resulting from a mistake of fact due to reasonable cause. I understand that I am solely responsible for any tax consequences and penalties resulting from improperly reporting this as a mistaken contribution, instead of a distribution of excess contribution, from my HSA.

Name (please print):	Signature:	Date:

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.