



Instructions: If you opened an HSA in **this** calendar year, contributed to the account and have realized that you were not eligible to open the account, please complete this form paying special attention to the tax implications listed under "Signature."

Mail or fax completed form to:

Health Savings Administrators

10800 Midlothian Turnpike, Suite 240 • Richmond, VA 23235

Fax: 804.726.1570

Account Holder Information

First Name _____ Last Name _____ M.I. _____

Street Address _____ Apt / Suite _____

City _____ State _____ ZIP Code _____

Social Security Number _____ - _____ - _____ **OR** Account Number _____

Employer Information (If applicable)

Company Name _____

Phone Number _____

Company Contact (First and Last Name) _____

Mailing Address _____

City _____ State _____ ZIP Code _____

Signature

By signing below:

- > I certify that I completed an enrollment application attesting eligibility to establish a health savings account and authorizing FPS Trust to open it. By my signature below, I now verify that I was not eligible to open a health savings account.

Please return funds to:

- The Accountholder
- The Employer

- > I understand that the funds contributed to my account by my employer may be reported to the IRS as Other Income and that any earnings on the account will be reported to the IRS as Interest Income.

- > I hereby authorize FPS Trust to return any funds that remain in the account and understand that I may be charged a \$25 fee for closing my account.

Account Holder Signature

____ / ____ / ____
Date (mm/dd/yyyy)