HealthSavings
ADMINISTRATORS
*Investing in a Healthy Future*

# Health Savings Account (HSA) Excess Contribution Removal Form

**Instructions:** Complete this form to remove excess contributions from your account.

**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 _____

## Excess Contribution Removal

Funds contributed in excess of your contribution limit are subject to penalty and tax unless the excess and any earnings are withdrawn by you prior to the due date (including extensions) for filing your federal income tax return. You should consult a qualified tax professional for advice on your excess contribution removal.

**NOTE:** The Internal Revenue Service requires FPS Trust to report withdrawals that are considered refunds of excess contributions. In order for the withdrawal to be accurately reported, you may not withdraw the excess directly. Instead, you must request an excess contributions refund by faxing or mailing this signed and completed form to Health Savings Administrators, using the address or fax number listed above.

**A $25 excess contribution removal fee will be deducted from your account.**

Please send me a check for the amount indicated below, plus any applicable earnings.

**Excess Contribution Amount $**_____

**Tax Year** _____

Health savings accounts (HSA) contribution maximums are determined by the IRS. For more information, please visit the U.S. Department of the Treasury website, **http://1.usa.gov/1C87Mv2.**

## Signature

By signing below, I hereby authorize a refund of the excess contribution specified above, plus any earnings on the requested amount.

_____
Account Holder Signature

_____ / _____ / _____
Date *(mm/dd/yyyy)*

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