HealthSavings ADMINISTRATORS
Investing in a Healthy Future

Health Savings Account (HSA) Distribution Reversal Form

Instructions: Complete this form to return a mistaken distribution to your HSA.

Complete, print, and mail this form, along with your check payable to "FPS Trust" to:

FPS Trust on behalf of *HealthSavings*
P.O. Box 3079, Englewood, CO 80155

Accountholder Information

First Name _____ Last Name _____ M.I._____

Street Address _____ Apt / Suite _____

City _____ State _____ ZIP Code _____

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

Distribution Information

Amount of mistaken distribution: $_____

Year of mistaken distribution: _____ (yyyy)

NOTE: Distribution reversals must be deposited to your account by the tax-filing deadline for the year in which the original distribution occurred (typically April 15 of the following year), NOT including extensions. If no year is specified, your distribution reversal will be deposited for the year in which it was received.

Signature

By my signature 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.

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

FOR OFFICE USE ONLY

Sales Director _____

Partner Code _____

Case Number _____

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