

Health Savings Account (HSA) Excess Contribution Removal Form (Individual)

Instructions: Complete this form to remove excess contributions that you've made to your HSA. A check will be sent to you for the excess contribution amount; however, please note that a \$25 excess contribution removal fee will be deducted from your account.

Mail your completed form to:

HealthSavings Administrators/HSA xChange

P.O. Box 73688

North Chesterfield, VA 23235

Accountholder 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contributed in excess of your contribution limit are subject to penalty and tax unless the excess and any earnings are withdrawn by you prior to the due date (including extensions) for filing your federal income tax return.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 mailing this signed and completed form to HealthSavings Administrators, using the address 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>.

Mutual Fund Distribution

Use this section of the form to indicate which mutual funds you would like this distribution taken from. By completing this form, I authorize HealthSavings Administrators to exchange funds within my health savings account as described below: (Indicate amount in either whole percentages OR dollars)

Amount	Existing Fund	
	From	(fund name)
	From	(fund name)
	From	(fund name)

Add any additional funds below

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Signature

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

Accountholder Signature

Date (mm/dd/yyyy)

FOR OFFICE USE ONLY

Case Number _____