

Request for Return of HSA Excess Contributions



Use this form to correct excess contributions to your HSA. An excess contribution is a contribution that exceeds the maximum amount you may deduct or exclude from your gross income in a tax year. Amounts contributed in excess of your contribution limit are subject to tax and penalty unless the excess and any earnings are withdrawn by you prior to the due date (including extensions) for filing your federal income tax return.

This form must be received no later than Oct. 1 of the year following the tax year for which the correction is requested. A check for the amount of the excess contribution (plus any earnings on the excess amount) will be forwarded to you.

If the balance in your HSA share account is insufficient to cover the full requested excess contribution and earnings and you have HSA investments, you must liquidate HSA investments before the excess contribution and earnings can be forwarded to you. If your HSA does not contain sufficient funds to return the full requested excess contribution and earnings, the then-current balance in your HSA will be forwarded to you.

Please print in dark ink and fax the completed form to 717-735-8331 or mail it to Everence HSA administration, 2160 Lincoln Highway E., Suite 20, Lancaster, PA, 17602. For questions, call 800-451-5719.

Account owner _____ HSA account number _____

Address _____
Street City State ZIP

Telephone (daytime) _____

I have determined that an excess contribution of \$ _____ has been made to my HSA for the tax year _____.

I am requesting that the excess contribution be returned to me.

Additional instructions _____

Signature

Date

Everence Federal Credit Union
2160 Lincoln Highway E., Ste. 20
Lancaster, PA 17602-1150
everence.com
Toll-free: 800-451-5719
F: 717-735-8331
infocu@everence.com

Office use only
Date received _____
Date processed _____
By _____

