

Instructions: Use this form to request a correction for a contribution that was made in error. Complete and return to HSA@avidiahealthcaresolutions.com or Avidia Bank, PO Box 161390, Altamonte Springs, FL 32716. Questions about this form? Please call 630-773-2337.

Health Savings Account (HSA) Owner:

First Name		MI		Last Name	
HSA #:				Social Security Number	
Phone:			Email:		

Reason for Contribution Correction: (Select one)

<input type="checkbox"/>	I am no longer eligible to contribute to an HSA, because I am no longer covered by a High Deductible Health Plan (HDHP).
<input type="checkbox"/>	The contribution was made in error and/or was applied to the incorrect tax year.
<input type="checkbox"/>	Other (explain):

Method and Amount of Contribution Correction*:

Reallocate \$ _____ of my HSA funds from the current tax year to the next tax year. <i>Note: Reallocation will not be processed until January of the next tax year.</i>													
Return \$ _____ of my HSA funds to me by check. <i>Note: You must have sufficient funds available in your HSA in order for us to process a return. The check will be mailed to the address on record for your account.</i>													
Recode the following contributions.													
<table border="1"> <thead> <tr> <th colspan="2"></th> <th>Contribution Amount:</th> <th>Recode as:</th> </tr> </thead> <tbody> <tr> <td>Deposit Date:</td> <td>(mm/dd/yyyy)</td> <td>\$</td> <td>Reimbursement from my doctor and/or insurance company</td> </tr> <tr> <td></td> <td></td> <td></td> <td>Prior-year contribution</td> </tr> </tbody> </table>				Contribution Amount:	Recode as:	Deposit Date:	(mm/dd/yyyy)	\$	Reimbursement from my doctor and/or insurance company				Prior-year contribution
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Deposit Date:	(mm/dd/yyyy)	\$	Reimbursement from my doctor and/or insurance company										
			Prior-year contribution										

*The reallocation, return or recoding of HSA contributions may have tax consequences. Please consult your tax advisor or the IRS for information about potential tax implications.

Please note:

- This form should only be used to correct a contribution. It should not be used to withdraw funds for qualified medical expenses.
- You must manage your HSA in accordance with IRS regulations. Contact your tax advisor or the IRS for details.
- Allow up to 10 business days for processing after we have received this completed and signed form and any other information we may request from you.

Signature: Required

As instructed above, I request that the Bank correct a contribution that was made to my HSA.

I understand that I will receive no tax benefit for any contribution that is being returned and that by correcting the contribution the same year in which it was made, the contribution amount will not be reported on IRS Form 5498-SA.

I take full responsibility and assume any and all liability for this correction.

Name _____ Date _____