Instructions: Use this form to make a correction to a contribution to your Health Savings Account (HSA). Please return this completed form via email to: **service@myameriflex.com.**

PART 1: Health Savings Account (HSA) Owner

Accountholder Information:

First Name | MI | Last Name

Street Address

City | State | Zip Code

Daytime Phone # | Email Address

Ameriflex HSA Account # | Social Security # - -

PART 2: Reason for Contribution Correction (select one)

☐ I have exceeded the maximum annual contribution amount allowed under IRS regulations.

☐ I am no longer eligible to contribute to an HSA, because I am no longer covered by a High Deductible Health Plan (HDHP).

☐ The contribution was made in error.

☐ Other (explain):

PART 3: Method and Amount of Contribution Correction*

☐ **Reallocate** $ _____ of my HSA funds from the _____ tax year to the following tax year..

Note: If requesting a reallocation of funds from the current tax year, reallocation will not be processed until January of the next tax year.

☐ **Return** $ _____ to me by check, from my HSA funds that were contributed during the _____ tax year.

☐ **Return** $ _____ to my employer by check or ACH (only complete one section below), from my HSA funds that were contributed during the _____ tax year

Employer _____ **Address:** _____

Employer Routing Number: _____ **Account Number:** _____

☐ **Recode** the following contributions

Deposit Date: _____

Contribution amount: $ _____

Recode as:

☐ Reimbursement from my doctor and/or insurance company

☐ Prior-year contribution

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.You may view your online account at myameriflex.com.

* 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.

Additional information:

- This form will only be used to correct a contribution and not 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 7 business days for processing after we have received this completed and signed form and any other information we may request from you.

PART 4: Signature - *Required*

By signing this form, I request that Ameriflex 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 that reflects HSA funds contributed. I also understand that if an excess contribution is being corrected between January 1 and the April tax-filing deadline of the year following the year in which it was made, the excess contribution amount will be included in the contribution totals reported on IRS Form 5498-SA from the prior year, but it also will be reported as a distribution of “Excess contributions” on the current year’s IRS Form 1099-SA, and there will be no tax penalty. I take full responsibility and assume any and all liability for this correction.

Signature of Health Savings Account Holder:	Date: (mm/dd/yyyy)