

Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_

Date: \_\_\_\_\_  
 (8 digits from welcome kit or statement)  
 Account Number: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_

**HEALTH SAVINGS ACCOUNT**  
**EXCESS CONTRIBUTION REMOVAL FORM**

The Excess Contribution and earnings are subject to a penalty tax unless withdrawn by you prior to the due date (including extensions) for filing your Federal Income Tax return. **You should consult a qualified tax advisor in connection with your Excess Contribution removal.**

Note: The Internal Revenue Service requires HSA Bank 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 faxing or mailing this signed and completed form to HSA Bank, using the address or fax number listed above. We will forward a check to you for the amount indicated below, plus any applicable earnings.

**A \$25.00 Excess Contribution Removal Fee will be deducted from your account.**

**My Excess Contribution      Tax Year**  
**Amount**

\_\_\_\_\_

Health Savings Accounts (HSA) contribution maximums are determined by the IRS and are no longer based on your deductible. For clarification on prorating, visit the U.S. Treasury website, <http://www.ustreas.gov/offices/public-affairs/hsa/>.

Coverage	2009 Contribution Maximum	2010 Contribution Maximum
Single	\$3,000	\$3,050
Family	\$5,950	\$6,150

**Catch-Up Contribution:** Accountholders who meet the qualifications noted below are eligible to make an HSA catch-up contribution of \$1,000. This is in addition to the maximums noted above.

- Health Savings Account holder
- Age 55 or older (regardless of when in the year an account holder turns 55)
- Not enrolled in Medicare (if an account holder enrolls in Medicare mid-year, catch-up contributions should be prorated)

Spouses who are 55 or older must have their own HSA in order to make the catch-up contribution. If you have questions regarding excess contributions, please contact our Client Assistance Center at (800) 357-6246, Monday – Friday, 7 a.m. – 9 p.m., CT.

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

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_