



##37PNC#####

Account Holder Contribution Correction Form

Please complete this form to request the correction of a contribution made by you as the account holder for your WealthCare Saver* Health Savings Account (HSA). **Please note: contributions can only be corrected up to the tax deadline of the specified year.**



Fax completed form to:
855.588.1028



Mail completed form to:
WealthCare Saver
P.O. Box 162177
Altamonte Springs, FL 32716



Questions about this form?
Contact the number on the back of your debit card

Section 1: Account Holder Information

_____ LAST NAME	_____ FIRST NAME	_____ MIDDLE INITIAL
_____ ACCOUNT NUMBER (12 digits beginning with 601)		_____ SOCIAL SECURITY NUMBER
_____ STREET ADDRESS		
_____ CITY	_____ STATE	_____ ZIP CODE

Section 2: Reason for Correction

- 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 and/or was applied to the incorrect tax year.
- Other (explain):

Section 3: Method and Amount of Contribution Correction

- Reallocate \$ _____ of my contribution from tax year _____ to tax year _____
- Return the contribution of \$ _____ from deposit date of _____ to me by check at the address on file (TC232, TC233)
- Recode the contribution of \$ _____ from deposit date of _____. It should reflect as a reimbursement or refund from my doctor or insurance company. (TC204)

*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.

Section 4: Signature

By submitting this form you are requesting that WealthCare Saver* correct the contributions made to your HSA as outlined in section 3 due to the reason indicated in section 2. You certify and acknowledge under penalty of perjury, this information is true and correct and may be relied upon by WealthCare Saver to correct your contribution error. You also acknowledge that you have not received any tax or legal advice from WealthCare Saver and that you have sought or will seek the advice of your own tax or legal counsel to ensure your compliance with related laws. You release and agree to hold WealthCare Saver harmless against any and all claims or losses arising from WealthCare Saver following the request made by this form.

_____ LEGAL SIGNATURE OF ACCOUNT HOLDER (FIRST & LAST NAME REQUIRED)	_____/_____/_____ DATE
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