



HSA Mistaken Distribution

HEALTH SAVINGS ACCOUNT

A mistaken HSA distribution occurs when an HSA owner uses HSA assets to pay for qualified medical expenses and after the distribution is taken learns that all or a portion of that medical expense has been covered by their high deductible health plan (HDHP). If this happens, HSA owners are allowed to return the mistaken distribution amount to the HSA, treating the distribution as if it had not occurred. Mistaken distributions must be repaid to the HSA no later than April 15 following the first year the HSA owner determined the distribution was mistaken.

OWNER INFORMATION

Last Name First MI

Tax ID Date of Birth

Account Type
Health Savings Account

Account Number

FINANCIAL ORGANIZATION INFORMATION

Financial Organization

Email

Phone

ORIGINAL DISTRIBUTION INFORMATION

I elect to repay to my HSA the mistaken distribution amount indicated below as a return of mistaken distribution.

Date of Original Distribution Amount of Mistaken Distribution

DEPOSIT INFORMATION

Date of Deposit

Deposit Method

- ☐ Cash
- ☐ Check payable to:
Date on check: (MM/DD/YYYY)
- ☐ Transfer from non-health account#
at

INVESTMENT OPTIONS

| Name | Minimum Deposit | Dividend Rate | Annual Percentage Yield | Investment Number | Amount |
|------|-----------------|---------------|-------------------------|-------------------|--------|
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SIGNATURE

By signing this **HSA Mistaken Distribution Form**, I certify that the above distribution was the result of a mistake of fact and I authorize the Custodian/Trustee to redeposit the distribution as a mistaken distribution. I understand that Custodian/Trustee is not required to accept the mistaken distribution and, that I am responsible for any tax consequences that may result from the distribution. I affirm that this deposit is repayment of a mistaken distribution as defined by the Internal Revenue Service. I expressly assume responsibility for any tax and penalties of improper reporting of this deposit as repayment of a mistaken distribution, instead of a regular contribution, to my HSA, and agree that the Custodian/Trustee shall in no way be held responsible.

Print Account Owner Name

Account Owner Signature

Date

Print Representative Name

Representative Signature

Date