



## Account Refund Form

**Form Instructions:** To refund your health care account for amounts used for ineligible items, or for claims that you also received reimbursement from another source, or for any other reason, please follow these steps.

1. Complete all entries on this submission form. Please print or type.
2. Ensure the Refund Amount is less than or equal to the amount of the claim.
3. Make personal check, money order or certified check payable to Claims Department.
4. Mail this form and your payment to: Claims Department, P.O. Box 872168, Kansas City, MO 64187-2168.

STEP 1: Personal Information	
Name of Employer	
Employee Name (last name, first name)	
Daytime Telephone Number	Social Security Number/ID Number

STEP 2: Claim Details		
Claim Number	Notes/Additional Information	Refund Amount
Total		\$

STEP 3: Authorization	
<p>By signing below, I certify that this deposit, in the amount stated above, to my account is a repayment for a previously paid expense from my account, a repayment of a mistaken distribution as defined by the Internal Revenue Service from my HSA, or repayment for an ineligible item, or any other repayment. I authorize ConnectYourCare to deposit this repayment into my account. I understand that I am responsible for any tax consequences that may result from this request and transaction.</p>	
Account Holder Signature:	Date:

***Section 125 of the IRS Tax Code requires that reimbursements for ineligible items must be repaid back to the account.***