



Health Savings Account (HSA) Excess Contribution Removal Form

Form Instructions: Please use this form to report any excess contribution(s) to HSA cash account.

HSA Contribution Maximums: Health Savings Account (HSA) contribution maximums are determined by the IRS and are no longer based on your deductible. For more information, please visit the U.S. Department of the Treasury website: <http://www.treasury.gov/resource-center/faqs/Taxes/Pages/Health-Savings-Accounts.aspx>.

Allowable Catchup Contributions: If you are age 55 or older, and not enrolled in Medicare, you are eligible for a catch-up contribution of \$1,000. You are eligible for the entire \$1,000 contribution regardless of the month you turned 55. If your spouse is age 55 or older and not enrolled in Medicare, your spouse must maintain his/her own HSA to be eligible for a catch-up contribution. If an Account Holder enrolls in Medicare mid-year, catch-up contributions should be prorated.

Taxable Income: Funds contributed in excess of your contribution limit are subject to penalty and tax unless the excess and earnings are withdrawn by you prior to the due date, including any extensions, for filing your Federal Income Tax return. You should consult a qualified tax advisor in connection with your excess contribution removal.

Associated Fees: Please refer to your ConnectYourCare Fee and Interest Rate Schedule or to your Explanation of ConnectYourCare Fee Changes for details regarding fees.

STEP 1: Account Holder Information				
First Name:		Middle Name:		Last Name:
Permanent Address:			City:	State: Zip Code:
Date of Birth: (Month/Day/Year) ___ / ___ / _____			Daytime Phone:	
CYC HSA Account Number: (12 digits from your Welcome Kit or statement. Not your card number.)			Social Security Number: (Only Last 4 Digits Required)	XXX / XX / _____

STEP 2: Excess Contribution Removal Amount	
Contribution Amount to Remove: \$ _____ . _____	Remove Contribution From: <input type="checkbox"/> Current Tax Year ___ ___ ___ ___ (yyyy) <input type="checkbox"/> Prior Tax Year ___ ___ ___ ___ (yyyy)

STEP 3: Excess Contribution Information
<input type="checkbox"/> I am requesting that ConnectYourCare refund the contribution amount specified above and send the funds directly to my account on file via electronic funds transfer (EFT). (You must already have a personal banking account linked to your HSA to choose this option.) <input type="checkbox"/> I am requesting that ConnectYourCare refund the contribution amount specified above and mail the funds directly to my address on file via check.

STEP 4: Authorization	
As directed above and by signing below, I hereby authorize a refund of my excess contribution. By signing below, I certify that all of the information provided by me is true and correct and may be relied on by ConnectYourCare. I assume responsibility for any tax consequences or penalties that may apply and I agree that ConnectYourCare shall in no way be held responsible.	
Account Holder Signature:	Date:

How to Submit: The Internal Revenue Service requires ConnectYourCare 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 Contribution refund by submitting this signed and completed form. We will issue an electronic funds transfer or check to you for the amount indicated in Step 2, plus any applicable earnings.

Please mail the completed form to: ConnectYourCare, PO BOX 85960, 6300 Wayne Road, Westland, MI 48185

