



# Health Savings Account (HSA) Return of Contribution in Error Form

**Form Instructions:** Please use this form to report any post-tax contributions made to your HSA, by yourself, in error. This form should not be used for removal of contributions in excess of the annual HSA contribution limit. Mistaken contribution requests may only be accepted for contributions that were submitted by the member on a post-tax basis, and not for pre-tax contributions, or those submitted by another entity. Funds will need to pass through applicable clearing periods before they are returned.

Requests may only be made during the indicated tax year and will result in a decrease in the total amount contributed for the applicable tax year.

Please consult a qualified tax advisor in connection with this request for return of a mistaken contribution.

**This request cannot be completed if the funds have already been withdrawn. Any applicable fees will be deducted from the account prior to making the distribution. Please refer to your HSA Fee Schedule for a list of applicable fees.**

## STEP 1: Account Holder Information

First Name:	Middle Name:	Last Name:	
Permanent Address:	City:	State:	ZIP:
Date of Birth: (MM/DD/YYYY) ____ / ____ / ____	Daytime Phone:		
CYC Account Number (12 digits from your Welcome Kit or Statement) _____	Social Security Number (last four digits only) X X X / X X / _____		

## STEP 2: Contribution Amount

Amount: \$ _____	Tax Year: Current Tax Year ____ _ (yyyy) Prior Tax Year ____ _ (yyyy)
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## STEP 3: Distribution Information

Distribution Method:

I am requesting that ConnectYourCare refund the contribution amount specified 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.)

I am requesting the 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 mistaken contribution. 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:
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**How to Submit:** The Internal Revenue Service requires ConnectYourCare to report applicable contributions and disbursements. In order for the withdrawal to be accurately reported, you may not withdraw the funds directly. Instead, you must request a reversal of the contribution 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, signed form to: ConnectYourCare, PO BOX 85960, 6300 Wayne Road, Westland, MI 48185 OR
- Upload the completed, signed form as a PDF document to: <https://forms.connectyourcare.com>

