

# 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.**



##37PNC#####



**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?**  
800-499-3539  
M-F 8:30 AM to 5:00 PM Eastern

## 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