



HSA Account Holder Contribution Correction Form

An HSA account holder should complete this form to request the correction of a contribution made by the account holder and applied to the wrong tax year.



Fax completed form to:

Fax Number
determined by
product partner choice



Mail completed form to:

Mailing Address
determined by
product partner choice



Questions about this form?

Contact the number on the
back of your debit card

Section 1: Account Holder Information

LAST NAME

FIRST NAME

MIDDLE INITIAL

ACCOUNT NUMBER (specific to product partner choice)

SOCIAL SECURITY NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

Section 2: Reason for Correction

☐ Apply contribution from tax year: _____ to tax year: _____

Section 3: Account Holder Contributions

DATE OF CONTRIBUTION

CONTRIBUTION AMOUNT

DATE OF CONTRIBUTION

CONTRIBUTION AMOUNT

DATE OF CONTRIBUTION

CONTRIBUTION AMOUNT

Section 4: Signature

By submitting this form you are requesting that WealthCare Saver apply the funds that you have contributed as outlined in section 3 to the contribution year 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.

SIGNATURE OF HSA ACCOUNT HOLDER

DATE