



STERLING HSA®
HEALTH SERVICES ADMINISTRATION

475 14th Street,
Suite 650
Oakland, CA 94612

P.O. Box
71107
Oakland, CA 94612

T: 1.800.617.4729
F: 1.877.517.4729
www.sterlinghsa.com

Request for Return of Mistaken Employer Contribution(s) to a Health Savings Account

This form must be certified by the Individual Accountholder and the Employer who made the mistaken HSA contribution.

ACCOUNT HOLDER INFORMATION & CERTIFICATION			
ACCOUNT NUMBER		SOCIAL SECURITY NUMBER	
ACCOUNTHOLDER NAME	_____ First Name M.I. Last Name		
ADDRESS	_____ Address _____ City State Zip		
CONTACT INFO	_____ Telephone Number Email Address		
ACCOUNTHOLDER'S CERTIFICATION	A contribution(s) was mistakenly made by my employer to my Health Savings Account. In order to avoid any tax consequences, I am requesting that Sterling HSA return the following amount from my HSA account back to my Employer: Amount to be returned to my Employer: \$ _____ _____ Accountholder's Signature Date		
ACCOUNT HOLDER INFORMATION & CERTIFICATION			
EMPLOYER NAME		ACCOUNT NUMBER	
ADDRESS	_____ Address _____ City State Zip		
CONTACT INFO	_____ Name of Contact Person _____ Telephone Number Email Address		
EMPLOYER CERTIFICATION	We verify that the above information is correct. A check payable to us should be mailed to the above address. _____ Employer's Signature Date		
INSTRUCTIONS			
Please mail completed form to: Sterling HSA, 475 14th Street, Suite 650, Oakland, California 94612 Upon receipt, Sterling will process a check and mail it to your Employer. Please consult your employer about adjusting your W-2 amount if necessary.			