



**STERLING HSA®**

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# 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			
<b>ACCOUNT NUMBER</b>		<b>SOCIAL SECURITY NUMBER</b>	
<b>ACCOUNTHOLDER NAME</b>	_____ First Name M.I. Last Name		
<b>ADDRESS</b>	_____ Address _____ City State Zip		
<b>CONTACT INFO</b>	_____ Telephone Number Email Address		
<b>ACCOUNTHOLDER'S CERTIFICATION</b>	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			
<b>EMPLOYER NAME</b>		<b>ACCOUNT NUMBER</b>	
<b>ADDRESS</b>	_____ Address _____ City State Zip		
<b>CONTACT INFO</b>	_____ Name of Contact Person _____ Telephone Number Email Address		
<b>EMPLOYER CERTIFICATION</b>	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: <b>Sterling HSA, 475 14th Street, Suite 650, Oakland, California 94612</b> 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.