STERLING ADMINISTRATION

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REQUEST FOR RETURN OF MISTAKEN CONTRIBUTION TO HEALTH SAVINGS ACCOUNT

WE MAKE THE COMPLEX SIMPLE

EMPLOYER INFORMATION

Company Name: _____ Phone: _____
(Full and complete legal business name)

Street: _____ Fax: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Title: _____

Contact Phone: _____ Contact Email: _____

EMPLOYEE / HSA ACCOUNTHOLDER INFORMATION

Name: _____ HSA Account Number: _____

Street: _____

City: _____ State: _____ Zip: _____

TYPE OF CONTRIBUTION

Contribution was made by (check only one):

☐ Employer ☐ Employee

Contribution was made as a (check only one):

☐ Pre-tax payroll deduction contribution ☐ Post-tax contribution

Type of contribution (check only one):

☐ Regular ☐ Previous plan year ☐ Catch-up contribution (for accountholders 55 years of age and over)

Dollar amount of mistaken contribution to be refunded $ _____

Mistaken contribution should be debited from calendar year _____

Make check for return of mistaken contribution payable to _____

Mail check payable to:

Name: _____ Street: _____

City: _____ State: _____ Zip: _____

Employer Signature: _____ Date: _____

Employee/Accountholder Signature: _____ Date: _____