

Request for Return of Excess HSA Contribution - Individual

Complete this form if you have made an excess contribution to your Health Savings Account (HSA) at Chase. Chase encourages you to consult with your personal tax advisor regarding the withdrawal of excess contributions from an HSA prior to completion of this form.

Customer and Health Savings Account Information:

Account Holder Name: _____, _____, _____
 (Last Name) (First Name) (MI)

Last 9 Digits of HSA#: _____

Current Calendar Year: _____ Excess Contribution Amount: \$ _____

In what year was the contribution made? _____ For what tax year was the contribution made? _____

Mailing Address:

Street: _____

Apt. #: _____ City: _____

State: _____ Zip: _____

Important Information About This Request

Please note, the excess contribution, plus earnings on such excess contribution (if any), will be removed from the cash account portion of your HSA. If the balance in the cash account portion of your HSA is insufficient to cover the amount requested, and you have an HSA investment account, you must liquidate investments in your investment account and transfer the proceeds to your cash account before the excess contribution can be returned to you. If your HSA does not contain sufficient funds to return the full amount of the requested excess contribution and earnings on the excess contribution to you, then you authorize Chase to return the then-current balance in your HSA. **Chase will include on IRS Form 1099-SA the full amount of the excess contribution returned plus earnings.**

Return Method

Please indicate how you wish to receive your distribution (check one).

Send funds to my active bank account on file ending with ____ _

NOTE: If we cannot identify this bank account as active and on file, we will send you a check.

Mail check payable to me

Return funds to my employer

Only select this option if you have discussed and received approval from your employer.

NOTE: This form is for accountholder-initiated returns only. Employer-initiated returns must be submitted on a different form. Returns to employers processed under this form are for convenience only and do not receive the same tax reporting as a proper employer-initiated return.

This form is to be used solely for a return of contributions which have exceeded the applicable annual contribution limit. This form is not appropriate for, and Chase does not accept, requests to return contributions made in error (whether the contribution was made by an employee, employer or other person or entity). Under this option, Chase will return funds to the funding reserve account associated with your employer, if you provide the reserve account number below. Otherwise, Chase will send a check to your employer at the address indicated below. Chase may, in its sole discretion, require you to provide such additional documentation as it deems appropriate before mailing a check to your employer.

CONTINUED ON NEXT PAGE

Request for Return of Excess HSA Contribution, continued

Full Legal Name of Employer _____
Contact Person or Dept.: _____
Street Address: _____
Address Line 2: _____
City: _____ State: _____
Zip Code: _____ Reserve Account # _____

Signature and Certification

I hereby direct and authorize JPMorgan Chase Bank, N.A. to execute the instructions I have provided in this form. I acknowledge and agree that I am solely responsible for any and all tax, legal and other consequences arising from or relating to this request; and that JPMorgan Chase Bank, N.A. (or its representatives, agents or subcontractors) has not provided any tax or legal advice or guidance with respect to this request. I shall indemnify and hold JPMorgan Chase Bank, N.A., its parent company and its and their direct and indirect affiliates and subsidiaries harmless from and against any and all claims, suits, actions, losses, liabilities, and damages arising from or relating to this request.

Signature: _____ Date: _____

Printed Name: _____

Next Steps

Forward your completed form to:

Mail: **JPMorgan Chase Bank, N.A.**
HSA Operations
P.O. Box 30207
Tampa, FL 33630-3207

Fax: **1-866-342-3240**

If you have any questions about returning the funds from an excess contribution or the earnings attributable to the excess contribution, please call HSA Member Services at 866-524-2483.