



##37PNC#####

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:
855.588.1028



Mail completed form to:
WealthCare Saver
P.O. Box 162177
Altamonte Springs, FL 32716



Questions about this form?
855.622.0777
Monday thru Friday 9AM - 5PM EST

Section 1: Account Holder Information

_____ LAST NAME	_____ FIRST NAME	_____ MIDDLE INITIAL
_____ ACCOUNT NUMBER (12 digits beginning with 601)		_____ 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