



##37PNC#####

# Reversal of Employer/Administrator HSA Contribution Form

Only an employer or administrator should complete this form to request the correction of a contribution made by the employer or administrator in error. All prior year contribution reversal requests must be corrected by April 15.



**Fax completed form to:**  
855.588.1028



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

## Section 1: Administrator / Employer Information

ADMINISTRATOR NAME	EMPLOYER NAME	
CONTACT NAME	CONTACT EMAIL	TELEPHONE NUMBER
STREET ADDRESS		
CITY	STATE	ZIP CODE

## Section 2: 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

Complete Next Page >

**Section 3: Contributions**

CONTRIBUTION AMOUNT	DATE	CURRENT YEAR	PRIOR YEAR	EMPLOYER CONTRIBUTION	EMPLOYEE CONTRIBUTION	AMOUNT TO BE REVERSED
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

**Section 4: ACH Instructions**

ACH to the account below

\_\_\_\_\_

BANK NAME	ROUTING NUMBER	ACCOUNT NUMBER
-----------	----------------	----------------

For administrative use only:

- Contribution Reversal CY Employee – (TC 224)
- Contribution Reversal PY Employee – (TC 231)
- Contribution Reversal CY Employer – (TC 244)
- Contribution Reversal PY Employer – (TC 255)

**Section 5: Signature**

By submitting this form you are requesting that WealthCare Saver return funds that you the employer have contributed to the account holder's HSA in error. 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.

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

EMPLOYER SIGNATURE	DATE
--------------------	------