



Instructions: Use this form for Contribution Correction errors only. Once Completed and Signed, E-Mail to HSA@AvidiaBank.com or mail it to: Avidia Bank P.O. Box 370 Hudson, MA 01749.

**ACCOUNTHOLDER INFORMATION:**

First Name:	MI:	Last Name:
Street Address:		
City:	State:	Zip Code:
Account Number:	<b>OR</b>	Social Security Number:

**TPA/EMPLOYER INFORMATION:**

TPA Name:	Employer Name:	
Contact Name:	Contact E-Mail:	
Street Address:		
City:	State:	ZIP Code:
Phone Number:		

**REASON FOR CORRECTION:**

(All prior year contributions must be corrected by April 15 of the following year.)

Duplicate contribution

Employer withheld incorrect amount from payroll (account is not over the IRS limit)

Employer continued to send contributions after employment ended or switched health insurance plans

Other: \_\_\_\_\_

Date of Contribution(s) (mm/dd/yyyy)	Contribution Amount	Amount to Return
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
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**Signature:** By signing below, I authorize Avidia Bank to reverse the above contribution(s) from my Health Savings Account to correct the contribution error and return the funds to my employer. I understand that by completing this form, the contribution(s) will be reversed from my account if the account has a sufficient balance, and that they will not be included on tax reports if the error occurred this year. However, if the balance of the amount is not enough to cover the request, only the available amount will be processed. If the error occurred last year, I understand that I will receive corrected tax forms and that I should consult with a tax advisor.

<b>Accountholder Signature:</b>	<b>Date:</b>
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ACH Instructions must include: Bank Name                      Routing#                      Account#

ACH to TPA:

ACH to Employer:

Mail Check to: \_\_\_\_\_

(Name/Address/City/State/Zip)