BENEFITS ADMINISTRATION
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##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?
630-773-2337
support@bbpadmin.com

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 ___ / ___ / _____

*WealthCare Saver is a dba of Alegeus Technologies, LLC, a licensed Non-Bank Custodian