

# HSA Excess Contribution Correction Form

## For Harvard Employees

### Instructions

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- Use this form to request a distribution from your HSA to correct an HSA excess contribution.
- Fax the completed form to 603-232-1854 or mail to Benefit Strategies, LLC (HSA Administrator), PO Box 1300, Manchester, NH 03105.

### Account Holder Information

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First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Phone: \_\_\_\_\_ Harvard University ID (HUID): \_\_\_\_\_

### Excess Contribution Removal

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I direct my HSA Administrator to make a distribution from my HSA for the following amount:

Amount of excess contribution \$ \_\_\_\_\_

Date excess contribution occurred: \_\_\_\_\_

### Authorization & Signature

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I certify that I am the HSA Accountholder or an individual authorized to execute this transaction. I have read and understand the instructions and any rules or conditions relating to this transaction. I assume full responsibility for this transaction and will not hold HSA Administrator or Healthcare Bank, a division of Bell Bank Trust liable for any adverse consequences that may result. I have not received tax or legal advice from HSA Administrator or Healthcare Bank and, if necessary, will seek the advice of a tax or legal professional to ensure my compliance with related laws. All information provided by me is true and correct and may be relied upon HSA Administrator and Healthcare Bank.

Signature of HSA Accountholder: \_\_\_\_\_ Date: \_\_\_\_\_

### Additional Contact Information

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For additional questions regarding HSA excess contributions, please contact Benefit Strategies:

- Live Chat: [benstrat.com](https://benstrat.com)
- Email: [hvdflex@benstrat.com](mailto:hvdflex@benstrat.com)
- Phone: 1-855-HVD-FLEX (855-483-3539)