



Date: \_\_\_\_\_

Name: \_\_\_\_\_

Member Number: \_\_\_\_\_

Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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## HEALTH SAVINGS ACCOUNT (HSA)

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### EXCESS CONTRIBUTION REMOVAL FORM

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The amount in excess of your contribution limit is subject to a penalty tax unless the excess and earnings are withdrawn by you prior to the due date, including any extensions, for filing your Federal Income Tax return.

Note: The Internal Revenue Service requires us to report which of your withdrawals, if any, constitute refunds of excess contributions. In order for a withdrawal to be accurately reported as a refund of excess contributions rather than as a regular distribution, you may not withdraw the excess directly. Instead, you must request a refund of excess contributions by faxing or mailing this signed and completed form. A check for the amount of the excess contribution you request (plus any earnings on the excess amount) will be forwarded to you.

**My Excess Contribution  
Amount**

**Tax Year**

\_\_\_\_\_

\_\_\_\_\_

**Contribution Maximums:** HSA contribution maximums are set amount determined by the IRS (see below) and available at <http://www.ustreas.gov/offices/public-affairs/hsa/>.

Coverage	2007 Contribution Maximum	2008 Contribution Maximum
Single	\$2,850	\$2,900
Family	\$5,650	\$5,800

**Catch-Up Contribution:** Individuals who have an HSA, are age 55 or older, and are not enrolled in Medicare A or B are qualified to make annual catch-up contributions in addition to the contribution maximums noted above.

Year	Catch-Up Amount
2007	\$800
2008	\$900

By signing below, I hereby authorize a refund of the amount specified above as an Excess Contribution, plus any earnings on the requested amount.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*Note: We cannot and do not provide tax or legal advice. We recommend consulting you tax advisor or attorney on the tax consequences of your account.*