

# Mistaken HSA Distribution Form



Mail or fax completed forms to:

**Address:** HealthEquity, Attn: Client Services  
15 W Scenic Pointe Dr, Ste 400, Draper, UT 84020

**Fax:** 520.844.7090

Primary Account Holder Information			
Employer Name (if applicable)			
Last Name	First Name	M.I.	
Street Address	City	State	ZIP
E-Mail Address (required)	Daytime Phone (     )	SSN or HealthEquity ID Number (6 or 7 digits)	

**Distribution Information**

Amount of mistaken distribution: \_\_\_\_\_ Year of mistaken distribution: \_\_\_\_\_

I certify that the above distribution was the result of a mistake of fact and I authorize HealthEquity to redeposit the distribution as a mistaken distribution.

I understand HealthEquity is not required to accept the mistaken distribution and, that I am responsible for any tax consequences that may result from the distribution.

**Banking Information (If no option is selected, form is void.)**

**Option 1**—Check  
Include a check payable to HealthEquity with this form and mail to:  
HealthEquity, Attn: Client Services, 15 W Scenic Dr, Ste 400, Draper, UT 84020

**Option 2**—One-time electronic funds transfer (EFT)  
Fax this form and a copy of a voided check to:  
HealthEquity, attn: Client Services, 520.844.7090.

Account type:  Checking  Savings    Amount: \$ \_\_\_\_\_

Financial institution: \_\_\_\_\_

Routing number: \_\_\_\_\_ Account number: \_\_\_\_\_

**Form must be accompanied by a copy of a voided or an actual check.**

Your Name  
123 Main Street  
Any Town, USA 54321 1234  
98-123-1/4359

Pay to the order of \_\_\_\_\_ \$ \_\_\_\_\_ Dollars

Your Financial Institution  
400 Casagrande Way  
Sunny Valley, Ca 93065

For \_\_\_\_\_

⑆ 2 2000 78 9 ⑆ 0123456789 ⑆ \_\_\_\_\_ 1234

Routing Number      Account Number      Check Number  
(Do not include)

**Option 3**—Use the verified EFT account already tied to my HSA.

**Signature**

By signing below, I swear or affirm that this deposit, in the amount stated above, to my health savings account (HSA) is repayment of a mistaken distribution or distributions as defined by the Internal Revenue Service (resulting from a mistake of fact due to reasonable cause). I understand that I am solely responsible for any tax consequences and penalties of improper reporting of this deposit as repayment of a mistaken distribution, instead of a contribution, to my HSA.

Name (please print)	Signature	Date
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