



## FIFTH THIRD BANK

### Employer HSA Tax Year Contribution Correction Form

*To be utilized by an employer to update contribution year*

#### Instructions:

1. Use this form to request a correction to a **contribution made by an Employer that posted in the incorrect tax year.**
2. Please fax completed form to **Fifth Third Bank HSA Support Center at 513-900-6012.**
3. If you do not have access to a fax machine, mail completed form to **Fifth Third Bank HSA Support Center, PO Box 495933, Cincinnati, OH 45249-5933.**
4. If you have any questions regarding this form, please contact the **Fifth Third Bank HSA Employer Support at 1-866-379-3630.**

#### EMPLOYER INFORMATION

Employer Name:

Employer Code:

#### CONSUMER INFORMATION

Full Name	Last 4 of SSN	Date of Contribution	Contribution Amount	Correct Tax Year

*If additional lines are needed, please attach a spreadsheet using the same layout as above.*

I certify that I am the HSA Employer authorized individual to execute the corrections listed above. I assume full responsibility for the above changes and will not hold Fifth Third Bank liable for any adverse consequences that may result. I have not received tax advice or legal advice from Fifth Third 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 by Fifth Third Bank.

Signature of HSA Employer Authorized Signer

Date

Printed Name

Phone Number