

HSA REQUEST FOR OVER CONTRIBUTION CORRECTION
FUNDS WILL BE CREDITED BACK TO THE CONSUMER



Instructions

1. Use this form to request correction for an **over contribution made by the Consumer** – funds will be credited to the Consumer HSA account.
2. Please fax completed form to **Fifth Third Bank HSA Operations Department at 513-358-3588**.
3. If you do not have access to a fax machine, mail completed form to **Fifth Third Bank, Attn: HSA Operations Department, 5050 Kingsley Drive, MD 1MOC2G, Cincinnati, OH 45227**.
4. If you have any questions regarding making a contribution to your HSA, please contact the **Fifth Third Bank HSA Support Center at 1-888-350-5353**.

Account Holder Information

Last Name First Name Middle Initial

Social Security Number Employer Name

796-_____
HSA Account Number (10 digits, will begin with 796) Over Contribution Amount Date of Over Contribution

In order to have the over contribution returned, you must provide a designated Bank Account Number and Routing & Transit Number in which Fifth Third Bank will deposit those funds.

Consumer Bank Account Information

Consumer Bank Name

Consumer Routing & Transit Number

Consumer Account Number

Signature

I hereby grant Fifth Third Bank permission to add the account listed below to my HSA online profile. Fifth Third Bank will deposit the over contribution, including any interest earned on that amount, into this account. I understand that I am liable for any tax consequences resulting from this transaction request.

NOTE: It is always recommended to consult your tax advisor with any HSA-related questions.

Printed Name of HSA Consumer

Signature of HSA Consumer Date