

HSA Excess Contribution Correction Form

For Harvard University Employees



Instructions

- 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 Voya Financial (HSA Administrator), PO Box 1168, Minneapolis, MN 55440.

Account Holder Information

First Name: _____ Last Name: _____ Middle Initial: _____

Phone: _____ Harvard University ID (HUID): _____

Excess Contribution Removal

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

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 WEX Health, Inc liable for any adverse consequences that may result. I have not received tax or legal advice from HSA Administrator or WEX Health, Inc 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 WEX Health, Inc.

Signature of HSA Accountholder: _____ Date: _____

Additional Contact Information

For additional questions regarding HSA excess contributions, please contact Voya Financial:

- Email: VHDflex@voya.com
- Phone: 1-855-HVD-FLEX (855-483-3539)