

Withdrawal Correction Form

This form can be used to redeposit funds withdrawn in error and cannot be used to correct an Excess Contribution Return. Funds will be posted as a correction and not as a contribution. The deposit will be entered for the year the distribution occurred. Customer service professionals can be reached by calling the number on the back of your debit card (Monday - Friday from 8 a.m. to 8 p.m. Eastern time) if you have any questions while completing this form.

Important Note: Please do not provide any card information on this form as forms with debit card numbers will not be processed and will be destroyed for your protection.

077 CO HSA

1 Account Holder Information

Account Holder Name:	SSN:
Address:	Telephone #:
City/State/ZIP:	Group Id #:

2 Redeposit Correction Information

Account #:	Year Distribution Occurred:
Redeposit Amount: \$	

3 Account Holder Authorization

I authorize Optum Bank to make the withdrawal correction indicated above. I have enclosed a check made payable to Optum Bank for the amount I'd like redeposited to my account. I understand that this can result in a possible corrected 1099-SA for the tax year indicated above.

x

Account Holder Signature

Date

Thank you for allowing us to serve you.

Where to return your form?

By Mail: Optum Bank, P.O. Box 271629, Salt Lake City, UT 84127