

Date: _____

Name: _____

Account Number: _____ (8 digits from statement)

Address: _____

Social Security Number: _____

**HEALTH SAVINGS ACCOUNT (HSA)
 EXCESS CONTRIBUTION REMOVAL FORM**

The amount in excess of your contribution limit is subject to a penalty tax unless the excess and earnings are withdrawn by you prior to the due date, including any extensions, for filing your Federal Income Tax return. **You should consult with your personal tax advisor for advice in connection with your excess contribution removal.**

Note: The Internal Revenue Service requires **HSA Bank**® to report which of your withdrawals, if any, constitute refunds of excess contributions. In order for a withdrawal to be accurately reported as a refund of excess contributions rather than as a regular distribution, you may not withdraw the excess directly. Instead, you must request a refund of excess contributions by faxing or mailing this signed and completed form to HSA Bank using the address or fax number listed above. A check for the amount of the excess contribution you request (plus any earnings on the excess amount) will be forwarded to you.

There is a \$20.00 excess contribution removal charge.

My Excess Contribution Tax Year
Amount

Contribution Maximums: Beginning January 1, 2007, HSA contribution maximums will be a set amount determined by the IRS (see below). For clarification on prorating, visit the U.S. Treasury website, <http://www.ustreas.gov/offices/public-affairs/hsa/>

Coverage	2007 Contribution Maximum	2008 Contribution Maximum
Single	\$2,850	\$2,900
Family	\$5,650	\$5,800

Catch-Up Contribution: Individuals who have an HSA, are age 55 or older, and are not enrolled in Medicare A or B are qualified to make annual catch-up contributions in addition to the contribution maximums noted above.

Year	Catch-Up Amount
2007	\$800
2008	\$900

Please contact our Client Assistance Center Representatives at (800) 357-6246 for assistance in making excess contribution withdrawals.

By signing below, I hereby authorize a refund of the amount specified above as an Excess Contribution, plus any earnings on the requested amount.

Customer Signature _____ Date _____