

Mistaken HSA Distribution Form

Email or mail completed forms to:

Email: support@starthealth.com

Mail: Start, Attention: HSA Operations

PO Box 709718 Sandy, UT 84070-9718



Primary Account Holder Information

Employer Name (if applicable):

Last Name:

First Name:

M.I.:

Street Address:

City:

State:

ZIP:

Email Address (required):

Daytime Phone:

Last 4 of SSN or Start ID Number (6 or 7 digits)

Distribution Information

Amount of Mistaken Distribution: \$ _____ Year of Mistaken Distribution: _____

I certify that the above distribution was the result of a mistake of fact and I authorize Start to redeposit the distribution as a mistaken distribution. I understand Start is not required to accept the mistaken distribution and, that I am responsible for any tax consequences that may result from the distribution.

Banking Information (If no option is selected, form is void)

Option 1 – Use verified EFT account already on file associated to my HSA. Please provide last 4 of account number: _____
Note: Account must be verified for contributions in order for Start to pull the funds via EFT.

Option 2 – One-time electronic funds transfer (EFT) **Form must be accompanied by a copy of a voided or an actual check.**

Option 3 – Include a check payable to Start with this form and mail to:

Start, Attn: HSA Operations, PO BOX 709718 Sandy, UT 84070-9718

Note: When you provide a check as payment, you authorize Start to either use the information from your check to make a one-time, Back Office Conversion (BOC), electronic fund transfer from your account if eligible, or to process the payment as a check transaction. Funds processed via BOC may be withdrawn from your account as soon as the same day your payment is received.

Signature

By signing below, I swear or affirm that this deposit, in the amount stated above, to my health savings account (HSA) is repayment of a mistaken distribution or distributions as defined by the internal Revenue Service (resulting from a mistake of fact due to reasonable cause). I understand that I am solely responsible for any tax consequences and penalties of improper reporting of this deposit as repayment of a mistaken distribution, instead of a contribution, to my HSA.

Name (please print):

Signature:

Date:

Note: Incomplete forms will not be processed. In such cases, we will attempt to contact you via email or phone to advise that the form was missing information.

