

Mistaken HSA Distribution Form

EMAIL, FAX or MAIL COMPLETED FORMS TO:
Email: hsaoperations@motivhealth.com **Fax:** 844.533.1289
Mail: MotivHealth, 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 MotivHealth 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 MotivHealth to redeposit the distribution as a mistaken distribution.

I understand MotivHealth 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 MotivHealth 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 MotivHealth with this form and mail to:
MotivHealth, Attn: HSA Operations, PO BOX 709718 Sandy, UT 84070-9718
Note: When you provide a check as payment, you authorize MotivHealth 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 Funds processed via BOC may be withdrawn from your account as soon as the same day your payment is received.

1_

Signature

distributed via BOC distribution withdrawn from the internal Revenue Service (as of the day your payment is received to reasonable cause).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
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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.

Funds pr

By signing this BOC, you are certifying that this is for your account if eligible, or to process the payment (HSA) check repayment of a mistaken