



Employer HSA Contribution Correction Request Form

Use this form to request a correction to employer-initiated contributions to your Health Advantage HSA from MotivHealth*.

PART 1 – MotivHealth Contact Information

Please fax this signed and completed form to MotivHealth:

By Mail: MotivHealth P.O. Box 709718 Sandy, UT 84070-9718
By Fax: 844-533-1289
By Email: hsaoperations@motivhealth.com

Questions? Please call 385.308.4400
Customer Service Professionals are available to assist you 24/7/365

PART 2 – Requestor and Account Holder Information

Provide the following requestor and employer information:

Requestor *	
Name	
Title	
Phone	
Email	

Employer	
Name	
Employer ID	

* Requestor must be a duly authorized representative of Employer.

Provide the details on the impacted employees (“Account Holders”) using the space provided below (the first entry is provided as an example). If corrections are needed for more than five (5) account holders, attach an additional spreadsheet.

SSN / Account	Last Name	First Name	Contribution Date	Contribution Amount	Contribution Type
123 45 6789	Doe	John	3/15/2010	\$ 25.00	Employer

PART 3 – Processing Options

Provide ACH information for the return of funds:

Via ACH	
Employer ID	
Employer Name	
Bank Name	
ABA/Routing Number	
Account Number	

PART 4 – Authorization

Employer, itself or through its designee (collectively “Employer”), acknowledges that: (i) HSA contributions are generally non-forfeitable [see IRC § 223(d)(1)(E)] except in the limited circumstances identified in IRS Notice 2008-59, Q/A 23-25; (ii) this form does not constitute legal or tax advice; and (iii) MotivHealth is not required to, nor in a position to, independently determine whether an Account Holder is an HSA eligible individual, an Account Holder’s personal annual HSA contribution maximum, or what portion of an over-contributed HSA is attributable to and recoupable by Employer.

Employer represents and warrants that: (i) each Account Holder is currently employed by Employer; (ii) Employer has been duly authorized by each Account Holder as his/her agent with full power and authority to administer or otherwise perform any action with respect to the Account Holder’s HSA held by MotivHealth, including but not limited to the contribution corrections directed by Employer herein; (iii) this instruction is made in accordance with applicable laws and regulations; and (iv) the information provided herein is true and correct and may be relied upon by MotivHealth.

Employer hereby instructs MotivHealth to take whatever actions deemed necessary and appropriate by MotivHealth to effectuate the contribution corrections directed by Employer herein with respect to the HSAs identified, including but not limited to processing contributions, distributions or electronic funds transfer of all or any portion of the amounts deposited in, or otherwise held by or related to, the HSAs. Employer hereby agrees to indemnify, keep indemnified, defend and hold harmless MotivHealth and its directors, officers, employees, attorneys, agents, successors and assigns from and against any and all claims, penalties, fines, losses, damages, actions and causes of action, which MotivHealth or its directors, officers, employees, agents, successors and assigns at any time may sustain or incur that directly or indirectly arise from, or in any way are connected or related to the actions taken by MotivHealth and the directions, instructions, and authorizations given by Employer herein.

The undersigned hereby certifies that he/she has been duly authorized by all necessary and appropriate corporate action to execute this form for and on behalf of Employer.

X

Authorized Signature

Date

*Health savings accounts (HSAs) are individual accounts offered by MotivHealth, Member FDIC, and are subject to eligibility and restrictions, including but not limited to restrictions on distributions for qualified medical expenses set forth in section 213(d) of the Internal Revenue Code. State taxes may apply. This communication is not intended as legal or tax advice. Please contact a competent legal or tax professional for personal advice on eligibility, tax treatment, and restrictions. Federal and state laws and regulations are subject to change.