

# HEALTH SAVINGS ACCOUNT CONTRIBUTION RECOUPMENT FORM



## Group and Employee Information

Group name: \_\_\_\_\_ Group number: \_\_\_\_\_  
Group contact name: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Email address: \_\_\_\_\_ Employee name: \_\_\_\_\_  
Employee SSN: \_\_\_\_\_

## Recoupment Reason

- ☐ Contributions were submitted in excess of the federal maximum as allowed under §223 (b)
- ☐ Employee was NEVER eligible for an HSA under §223 (c)(1)
- ☐ Payroll salary reduction change to a lower amount not processed correctly or timely via group/vendor
- ☐ Wrong file/spreadsheet was uploaded or attached for processing with Horizon
- ☐ Employee's names or ID confused with each other and submitted incorrectly to Horizon
- ☐ Payroll error of withholding the wrong amount and updating contribution with Horizon
- ☐ Duplicate contributions submitted in error
- ☐ Annual amount calculated over an incorrect number of pay periods resulting in over contribution
- ☐ Placement of the decimal point in the dollar amount field.

### Employee signature needed for the following recoupment reasons

- ☐ Employee ceases to be "HSA eligible", and employer continues to send contributions.
- ☐ Employee terminates, but the employer continues to make contributions to their HSA
- ☐ Other

I hereby authorize Horizon to remove the contribution amount shown below and return that amount to my employer.

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Contribution Information

| Contribution Dates | EE Contribution | ER Contribution | Tax Year | Total Requested |
|--------------------|-----------------|-----------------|----------|-----------------|
| _____              | _____           | _____           | _____    | _____           |
| _____              | _____           | _____           | _____    | _____           |
| _____              | _____           | _____           | _____    | _____           |
| _____              | _____           | _____           | _____    | _____           |
| _____              | _____           | _____           | _____    | _____           |

## Group Signature

I certify I am authorized to make this recoupment request and that all information provided is accurate. I understand that the amount returned will be the amount requested or the balance, whichever is less.

Group contact signature: \_\_\_\_\_ Date: \_\_\_\_\_

Questions? Call Group Leader Services at 1-888-215-0025.

Send via secured email only:  
HorizonMyWay.Documents@Hellofurther.com

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