



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)(l)
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 Further
Employee's names or ID confused with each other and submitted incorrectly to Further
Payroll error of withholding the wrong amount and updating contribution with Further
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 Further to remove the contribution amount shown below and return that amount to my employer.

Employee signature: Date:

Contribution Information

Table with 5 columns: Contribution Dates, EE Contribution, ER Contribution, Tax Year, Total Requested. Contains 5 rows of input lines.

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 1-888-460-4013.

Send via secured email only: further.documents@hellofurther.com

Fax to: 866-231-0214

Mail to: PO Box 982814, El Paso, TX 79998-2814