



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 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

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 1-866-758-6119.

Send via secured email only:
CareFirstDocuments@hellofurther.com

Fax to:
866-231-0214

Mail to:
Further c/o CareFirst
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