



## 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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