



Health Savings Account

Request to Correct Tax Form Reporting Error

Account Holder's Name:

Street Address

State

Zip

HSA Account #:

Tax Year(s)*:

*** Per IRS rules tax form corrections cannot be submitted more than 18 months after year end. For example, a 2007 tax form correction cannot be submitted to the IRS after June 30, 2009.**

Correction Type:

Distribution – Form 1099 SA

Contribution – Form 5498 SA

Detailed Description:

General Terms and Conditions:

Fee Associated with Tax Reporting Corrections: American Chartered Bank retains the right to charge an account research fee of \$30 per hour as disclosed in the fee schedule (one hour minimum charge) for government reporting corrections. No fee will be charged for corrections required due to bank error.

Tax Advice: Consult your tax advisor regarding any tax implications for transaction types listed as exceptions to the definition of Normal Distribution. Exceptions include removal of excess contributions, death distribution, disability distributions and prohibited transactions.

HSA Account Holder Signature (Required)

Date

Mail this Form to:

American Chartered Bank
HSA Processing Dept.
PO Box 5994
Carol Stream, IL 60197-5994

or Fax to: (847) 407-2633

Member FDIC

American Chartered Bank
Phone (847) 407-2603 Fax (847) 407-2633
Email: hsa@americanchartered.com

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