

Return of Mistaken Distribution—Fidelity Health Savings Account (HSA)

Use this form to return a qualifying mistaken distribution from your Fidelity Health Savings Account (HSA). IRS rules provide that a return of a mistaken HSA distribution in accordance with applicable requirements may result in the distribution amount not being included in gross income under IRC Section 223(f)(2) or subject to the 20% additional tax under IRC Section 223(f)(4) or an excise tax on excess contributions under Section 4973(a)(5). Please see IRS Notice 2004-50, Q&A 37, or consult your tax advisor regarding your individual situation. If applicable, an updated Form 1099-SA will be mailed to you by Fidelity.

For example, an account owner reasonably, but mistakenly, believed that an expense was a qualified medical expense and was reimbursed for that expense from the HSA. The account owner then repays the mistaken distribution to the HSA no later than April 15 following the first year the account owner knew or should have known the distribution was a mistake. Under these circumstances, the distribution is not included in gross income, is not subject to the 20% additional tax, and the repayment is not subject to the excise tax on excess contributions. The repayment will not be reported as a contribution on Form 5498-SA.

Forward your completed form along with a check made payable to Fidelity Investments in the amount of the mistaken distribution. Please write your HSA account number in the memo portion of your check, along with the words "Mistaken Distribution."

Type on screen or fill in using CAPITAL letters and black ink.

1. Account Owner

This phone number may be used if we have questions, but will not be used to update your account information.

Name		Fidelity HSA Account Number	
Daytime Phone		Extension	

2. Details of Mistaken Distribution(s)

1	Date of Mistaken Distribution MM DD YYYY	Amount of Mistaken Distribution
		\$
2	Date of Mistaken Distribution MM DD YYYY	Amount of Mistaken Distribution
		\$
3	Date of Mistaken Distribution MM DD YYYY	Amount of Mistaken Distribution
		\$
Total Check Amount to Return Funds		
		\$

Must match total amount of mistaken distribution(s).

3. Signature and Date *Form cannot be processed without signature and date.*

By signing below, you:

- Represent that there is clear and convincing evidence that the mistaken distribution described above was distributed from the Fidelity HSA because of a mistake of fact due to reasonable cause.
- Confirm that the requested transaction will result in the repayment of the mistaken distribution to the HSA no later than April 15 following the first year you knew or should have known the distribution was a mistake.

PRINT HSA OWNER NAME	
HSA OWNER SIGNATURE	DATE MM/DD/YYYY
SIGN X	X

Did you sign the form?

Send the form to Fidelity Investments.

Questions?

Go to [Fidelity.com](https://www.fidelity.com) or call 800-544-3716.

Regular mail

Fidelity Investments
Attn: PI Operations
PO Box 770001
Cincinnati, OH 45277-0045

Overnight mail

Fidelity Investments
Attn: PI Operations
100 Crosby Parkway KC1K
Covington, KY 41015

On this form, "Fidelity" means Fidelity Brokerage Services LLC and its affiliates. Brokerage services are provided by Fidelity Brokerage Services LLC, Member NYSE, SIPC. 522711.6.0 (04/20)