

ALERUS

EXCESS DISTRIBUTION RETURN HEALTH SAVINGS ACCOUNT

HSA OWNER INFORMATION

Company Name	Account Owner Name	Social Security Number	
Address	City	State	ZIP
Phone	Email		

DEPOSIT INFORMATION

Amount of Returned Payment \$	Applicable Tax Year
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Please return completed form, along with a check payable to **Alerus Retirement and Benefits** to Alerus no later than **December 15** of the year the excess distributions were paid.

I request that Alerus deposit the enclosed check into my Health Savings Account. I understand that this deposit will be registered as an adjustment to offset payment(s) made from my HSA during the current year. This deposit will not affect my year-to-date HSA contributions but will reduce my year-to-date HSA distributions.

Signature of HSA Accountholder

Date

SUBMIT DEPOSIT

Make all checks payable to **Alerus Retirement and Benefits**. (Note: Checks made payable to any other party will not be accepted.)
Please mail this completed form, along with check, to:

Alerus Retirement and Benefits

ATTN: HSA Department
P.O. Box 64535
St. Paul, MN 55164-0535