

**Health Plan Administrator (HPA)  
Return of Funds**

**Instructions for Returning Funds to the HCTC Program**

- Complete the HPA Return of Funds form, and include it with your payment. This form **MUST** accompany all returned funds, in order to ensure proper handling. If your organization uses a similar form that provides ALL information requested below, submission of your internal document in lieu of this form is acceptable.
- Return funds using one of the following applicable options:

**Send an HPA check (with company name and address):**

Make check payable to US Treasury - HCTC, and reference "Account 100000000" in the memo field.  
 Complete this form, attach check, and MAIL to:  
 US Treasury - HCTC  
 PO Box 970023  
 St Louis MO 63197

**Reversal of an EFT transaction:**

Notify your bank that you want to reject the EFT, and request that they reverse the transaction back to the US Department of Treasury. Complete this form and FAX to:  
 Internal Revenue Service - HCTC  
 FAX #: (866) 303-5298

**Return an uncashed US Treasury check:**

Complete this form, attach check, and MAIL to:  
 US Treasury - HCTC  
 PO Box 970023  
 St. Louis, MO 63197

You can return funds for multiple individuals by using one of the following options: (1) Send a separate check and separate HPA Return of Funds Form, or, you can send an internal document for each individual, or, (2) Send one check as a bulk payment, and attach a detailed list that defines how the bulk payment should be allocated. This list must include all information that is required on the HPA Return of Funds form, for each individual for whom you are returning funds (listed below). If you have questions about returning funds to the HCTC Program, call (855) 379-0440 and leave a message. Your call will be returned in the order it was received.

**Use one HPA Return of Funds form per insured, completing all sections below. Please mark N/A wherever applicable.**

Insured Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Date Coverage Ended: \_\_\_\_\_ Reason for Termination: \_\_\_\_\_

Total Amount Returned: \_\_\_\_\_

Is any portion of the returned funds money that the insured sent directly to the HPA (outside of HCTC)? \_\_\_\_\_

If so, how much? \_\_\_\_\_

Reason for Returned Funds:

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**PRIVACY ACT STATEMENT.** The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data, by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.