

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Recipient Name]
[Recipient Title]
[Organization Name]
[Organization Address]
[City, State, Zip Code]

Dear [Recipient Name],

Subject: Appeal for HSA Contribution Determination

I hope this letter finds you well. I am writing to formally appeal the recent determination regarding my Health Savings Account (HSA) contribution for the year [Year].

After reviewing my account and the contributions I made, I believe there may have been an oversight. Specifically, I contributed a total of [\$Amount] to my HSA, and I was under the impression that this amount was within the allowed limit for my coverage type.

According to [insert relevant IRS guidelines or plan documents], it states that [briefly summarize the relevant rules regarding HSA contributions]. I have attached supporting documents, including [list any relevant documents like contribution statements, account statements, or tax documents] to clarify my contributions and ensure compliance.

I kindly request a reevaluation of my contribution limits, as I believe both my understanding and the documentation support that my contributions have been made in accordance with the regulations. I appreciate your time and consideration in this matter and am hopeful for a favorable resolution.

Thank you for your attention. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]