

[Company Letterhead or Company Name]

[Company Address]
[City, State, Zip Code]

[Date]

[Bank or Financial Institution Name]
[HSA Department Address]
[City, State, Zip Code]

RE: Requisition for Employer-Sponsored Health Savings Account (HSA) Program

To Whom It May Concern,

This letter serves as a formal requisition from [Company Name] to establish an Employer-Sponsored Health Savings Account (HSA) program for our eligible employees, effective [Start Date].

Our company currently offers a High Deductible Health Plan (HDHP) that meets the statutory requirements for HSA eligibility. We wish to partner with your institution to provide custodial services for these accounts, including the facilitation of employer contributions and employee pre-tax salary deferrals via payroll deduction.

Please find the following company information for your records:

- Federal Employer Identification Number (EIN): [EIN Number]
- Contact Person: [Name and Title]
- Phone Number: [Phone Number]
- Email Address: [Email Address]

We request the necessary master application forms, plan implementation guides, and employee enrollment materials to begin the onboarding process. We would also like to confirm the procedures for electronic fund transfers (ACH) for recurring contributions.

Thank you for your assistance in establishing this benefit for our workforce. We look forward to your prompt response.

Sincerely,

[Signature]

[Full Name]
[Title]
[Company Name]