

[Company Letterhead/Logo]

[Date]

[HSA Provider Name]

[Provider Address]

[City, State, Zip Code]

**RE: Request for Employer-Sponsored Health Savings Account (HSA) Group Enrollment**

To Whom It May Concern,

This letter serves as a formal request from [Company Name] to establish an Employer-Sponsored Health Savings Account (HSA) group plan for our employees. We have selected [HSA Provider Name] as our preferred administrator for these accounts.

Please find the entity details below for the account setup:

- Legal Business Name: [Full Legal Name]
- Federal Tax ID (EIN): [EIN Number]
- Primary Contact: [Contact Name and Title]
- Phone Number: [Phone Number]
- Email Address: [Email Address]

We intend to offer these accounts to our eligible employees enrolled in our High Deductible Health Plan (HDHP), effective [Start Date]. We will be facilitating contributions via [Payroll Deduction / Employer Contribution / Both].

Please provide the necessary master application forms, employee enrollment templates, and administrative portal access instructions to begin the onboarding process. We look forward to a successful partnership.

Sincerely,

[Signature]

[Printed Name]

[Job Title]

[Company Name]