

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

[HSA Administrator Name]
[Financial Institution Name]
[Address]
[City, State, Zip Code]

Subject: Request to Close Health Savings Account (HSA) - Account #[Your Account Number]

Dear Customer Service Team,

I am writing to formally request the closure of my Health Savings Account (HSA), account number [Your Account Number], effective [Date].

The reason for this request is my relocation for a new job opportunity. Due to this transition, I will no longer be enrolled in a high-deductible health plan (HDHP) that is compatible with this specific account provider.

Please process the remaining balance in my account as follows (Select one):

- **Option 1: Direct Rollover.** Please transfer the full balance to my new HSA provider. I have attached the necessary rollover forms.
- **Option 2: Total Distribution.** Please issue a check for the remaining balance, minus any applicable closing fees, and mail it to my new address listed below:

[New Street Address]
[New City, State, Zip Code]

I understand that a distribution not used for qualified medical expenses may be subject to income tax and a 20% tax penalty. Please send any final tax documents or statements to my new address as well.

Please confirm in writing once the account has been officially closed. If you require further documentation, please contact me at [Your Phone Number].

Thank you for your assistance.

Sincerely,

[Your Signature]
[Your Printed Name]