

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

[Date]

[Bank Administrator Name or Department]
[Bank Name]
[Bank Address]
[City, State, Zip Code]

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

Dear Bank Administrator,

I am writing to formally request the closure of my Health Savings Account (HSA) held at your institution, effective [Date]. This decision is due to a recent change in my employment status, which has resulted in a shift in my healthcare coverage.

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

☐ **Rollover/Transfer:** Please transfer the full remaining balance to my new HSA provider. I have attached the necessary transfer/rollover forms from the receiving institution.

☐ **Liquidation:** Please close the account and issue a check for the remaining balance, minus any applicable closing fees, to my mailing address listed above. I understand that if these funds are not rolled over into another HSA, they may be subject to income tax and penalties.

Please provide written confirmation once the account has been officially closed and the funds have been distributed. If there are any specific forms required by your bank to finalize this request, please send them to me immediately at the email address provided above.

Thank you for your assistance with this matter.

Sincerely,

[Your Signature]

[Your Printed Name]