

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

[Date]

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

RE: Cancellation of Health Savings Account (HSA) - Account Number: [Your Account Number]

To Whom It May Concern,

Please accept this letter as formal notification to close my Health Savings Account (HSA) effective [Date]. This decision is due to a change in my employer-provided benefits, as I am no longer enrolled in a High Deductible Health Plan (HDHP) that qualifies for HSA contributions.

Regarding the remaining balance in my account, please perform the following action (check one):

[] **Option 1: Distribution.** Please issue a check for the full remaining balance, minus any applicable closing fees, and mail it to my address listed above.

[] **Option 2: Rollover/Transfer.** I intend to transfer the funds to another HSA provider. I will submit the required transfer paperwork separately.

Please stop all recurring contributions or scheduled transfers immediately. If there are specific forms required by your institution to finalize this closure, please send them to my email or physical address as soon as possible.

Thank you for your assistance with this matter.

Sincerely,

[Your Signature]

[Your Printed Name]