

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

[Date]

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

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

To Whom It May Concern,

I am writing to formally request the closure of my Health Savings Account (HSA) held with [Financial Institution Name], effective [Date]. I am closing this account due to a change in my employment status and the commencement of new health insurance coverage.

Please process a total distribution of the remaining balance in my account. I request that the funds be sent via:

[Select one option and delete the others:]

- A check mailed to my address on file.
- An electronic transfer to my linked bank account ending in [Last 4 digits of bank account].
- A direct rollover to my new HSA provider (Transfer form attached).

I understand that there may be a closing fee associated with this request and authorize you to deduct that fee from the final balance before distribution. Please provide a final statement for my records once the account has been closed.

If you require any further information or additional forms, please contact me at [Your Phone Number] or [Your Email Address].

Sincerely,

[Your Signature]

[Your Printed Name]