

Current Date: [Date]

[Your Full Name]

[Your Address]

[Your City, State, Zip Code]

[Your Phone Number]

[Your Email Address]

[HSA Administrator Name]

[HSA Administrator Address]

[City, State, Zip Code]

RE: Request to Close Health Savings Account

Account Number: [Your HSA Account Number]

To Whom It May Concern,

I am writing to formally request the closure of my Health Savings Account (HSA) effective [Date]. This request is due to a change in my employment status and my transition to a new healthcare plan that is not HSA-eligible.

Please select one of the following options for the remaining balance in the account:

☐ Please issue a check for the full remaining balance, minus any applicable closing fees, and mail it to my address listed above.

☐ Please initiate a direct rollover/transfer of the entire balance to my new HSA provider: [New Provider Name], Account Number: [New Account Number].

I understand that there may be an account closure fee and authorize you to deduct this from my final balance. Please provide a final statement confirming the closure of the account and the distribution of funds for my tax records.

If you require any further documentation or have questions regarding this request, please contact me at [Your Phone Number].

Sincerely,

[Your Signature]

[Your Printed Name]