

[Your Name]
[Your Address]
[Your Phone Number]
[Your Email Address]

[Date]

[HSA Administrator Name]
[Financial Institution Name]
[Address]

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 and dissolution of my Health Savings Account (HSA) held at your institution. My employment with [Former Employer Name] ended on [Termination Date].

Please process the following request for the remaining balance in my account:

- Liquidate all investments and holdings within the account.
- Deduct any applicable administrative closing fees from the final balance.
- Issue a check for the remaining funds made payable to me and mail it to the address listed above.

I understand that if these funds are not rolled over into another qualified HSA or used for eligible medical expenses, this distribution may be subject to income tax and potential IRS penalties. I accept full responsibility for the tax implications of this distribution.

Please confirm in writing once the account has been closed and the funds have been disbursed. If you require any additional forms or documentation, please contact me immediately.

Thank you for your assistance with this matter.

Sincerely,

[Your Signature]

[Your Printed Name]