

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

[Date]

[HSA Administrator Name]
[HSA Provider Name]
[Provider Address]
[City, State, Zip Code]

Re: Termination of Health Savings Account (HSA) - Account Number: [Your Account Number]

Dear Customer Service Team,

I am writing to formally request the closure of my Health Savings Account (HSA) held with [HSA Provider Name]. I have recently resigned from my position at [Former Employer Name], effective [Last Date of Employment].

Please process the following regarding my account:

- Stop all future contributions and recurring deposits.
- Liquidate any remaining investments within the account.
- Distribute the remaining balance, minus any applicable closing fees, to me via [check to my mailing address / direct deposit to the linked bank account].

Please send a final statement and the necessary tax documentation (Form 1099-SA) to my address listed above at the end of the tax year.

If there are specific forms required to complete this closure, please send them to my email address immediately. If you have any questions, I can be reached at [Your Phone Number].

Sincerely,

[Your Signature]

[Your Printed Name]