



Instructions: Use this form to pay your HSA Administrative Fee outside of the account. Please note that custodial and other transaction-related fees cannot be paid outside of the account.

Complete, print, and mail this form, along with your check payable to *HealthSavings Administrators* to the address below.

HealthSavings Administrators

10800 Midlothian Tpke, Ste 240
Richmond, VA 23235

Accountholder Information

First Name _____ Last Name _____ M.I. _____
Street Address _____ Apt/Suite _____
City _____ State _____ Zip Code _____
Social Security Number* _____ **OR** Account Number _____

Administrative Fee Information

Fee Amount: \$ _____
Date Fee Was Deducted From Account: _____
(mm/dd/yyyy)
Check Total: \$ _____

Signature

By signing below, I request to pay the Administrative Fee outside of my account, and I have enclosed my check made payable to *HealthSavings Administrators*. I understand that the fee must first be deducted from my HSA before submitting my request to pay the fee outside of the account. Furthermore, I understand that the transactions for the fee deduction and reimbursement may not be processed during the same time period and that fees will be deposited to "Cash" and *HealthSavings* will not be liable for compensating for market movement during this time.

Accountholder Signature

Date (mm/dd/yyyy)

FOR OFFICE USE ONLY

Sales Director _____
Partner Code _____
Case Number _____