



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 the account.

Mail completed form with check made payable to "HealthSavings Administrators" to:

HealthSavings Administrators
10800 Midlothian Tpke, Ste 240
Richmond, VA 23235

Account Holder 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.

Account Holder Signature

_____/_____/_____
Date (mm/dd/yyyy)