



HealthSavings

ADMINISTRATORS

Investing in a Healthy Future

Health Savings Account (HSA) Close Account Form

Instructions: Complete this form to close your account.

If you are completing this as a paper form, mail or fax your completed form to:

HealthSavings Administrators

10800 Midlothian Tpke, Ste 240 • Richmond, VA 23235

Fax: 804.726.1570

Accountholder Information

First Name _____ Last Name _____ M.I. _____

Street Address _____ Apt / Suite _____

City _____ State _____ ZIP Code _____

Social Security Number _____ **OR** Account Number _____

Your remaining HSA balance, less the \$25 account closing fee, will be mailed to you within three weeks of receiving this form.

Closing Reason

- Account fees
- Interest rates
- Customer service
- No longer have a high deductible health plan (HDHP)
- No longer eligible to contribute to an HSA
- Have an insurance plan that uses a different HSA provider
- Transferring to another financial institution. **Do not use this form for a trustee to trustee transfer.** Instead, contact your new provider to obtain their transfer form.

Notes: _____

Signature

I certify that I am the proper party to receive payment(s) from the HSA and that all information provided by me is true and accurate. I further certify that no tax advice has been given to me by the Custodian. All decisions regarding this withdrawal are my own. I expressly assume the responsibility for any adverse consequences which may arise from this withdrawal and I agree that the Custodian shall in no way be held responsible.

Accountholder Signature

Date (mm/dd/yyyy)

FOR BANK USE ONLY

Authorized By: _____

Date (mm/dd/yyyy) _____

FOR OFFICE USE ONLY

Sales Director _____

Partner Code _____

Case Number _____