HealthSavings ADMINISTRATORS
Investing in a Healthy Future

Health Savings Account (HSA) Close Account Form

Instructions: Complete this form to close your account.

Mail or fax completed form to:

***HealthSavings* Administrators**
10800 Midlothian Turnpike, Suite 240 • Richmond, VA 23235
Fax: 804.726.1570

Account Holder 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.

_____ _____ / _____ / _____
Account Holder Signature Date *(mm|dd|yyyy)*

For Bank Use Only

Authorized By: _____ Date *(mm|dd|yyyy)* _____ / _____ / _____

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