

Health Savings Account Closing Form



Use this form to remove all funds from your Health Savings Account (HSA) and close your account with HSA Bank.

Please note there is a \$25.00 fee for closing your account with this form. You can transfer your HSA funds to another HSA by logging in to myhsabankaccount.com and using the Pay Bill/Contribute function. Please note if you have an investment balance you will need to liquidate your assets and transfer the assets to your HSA Cash Account.

Complete this form and email it to hsaforms@hsabank.com. Alternatively, you may mail or fax it:
Mail: HSA Bank, P.O. Box 939, Sheboygan, WI 53082-0939
Fax: 877-851-7041

For assistance, our U.S.-based Client Assistance Center has English and Spanish-speaking representatives available 24 hours a day, 7 days a week, at 800-357-6246.

Accountholder Information			
First Name:	Middle Initial:	Last Name:	
Street Address:	City:	State:	Zip Code:
Account Number*: (The 8-digit account number is located on the Accounts Tab in the Member Website or on your Welcome Kit. The account number is NOT the same as your debit card number.)			
Full 9-digit Social Security Number*:			
*Note: Full Account Number OR Full SSN Required (failure to provide the required information may result in delays).			
Fund Receipt			
Please note that processing takes 5 to 7 days plus mail delivery time. Additional time is necessary if an investment account needs to be liquidated, in order to close the account completely.			
Closing Reason			
<input type="checkbox"/> Account fees	<input type="checkbox"/> Interest rates	<input type="checkbox"/> Customer service	<input type="checkbox"/> No longer have a high deductible health plan
<input type="checkbox"/> No longer eligible to contribute to an HSA	<input type="checkbox"/> Have an insurance plan that uses a different HSA provider		
<input type="checkbox"/> Rolling funds over to another financial institution*	<input type="checkbox"/> Other: _____		
<small>*The rollover must be completed within 60 days of receiving the funds. You can make only one rollover contribution to an HSA during a 1-year period. See IRS Publication 969.</small>			
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 that may arise from this withdrawal, and I agree that the Custodian shall in no way be held responsible.			
Accountholder Signature:			Date: