



Health Savings Account (HSA) Account Closure Form

Form Instructions: Use this form to remove all funds and close your Health Savings Account (HSA). Consult your tax advisor for tax implications due to account closure.

Note: You must liquidate all investments before your HSA can be closed. ConnectYourCare does not automatically liquidate investments on your behalf. To do this, you must log in to your online account, select "Sell Investments," then select "Liquidate Entire Portfolio." If your account had automatic investments, you must also pause your automatic investment to prevent your liquidation from re-investing. To do this, you must log in to you online account, select "Manage Automatic Investments," then select "Pause Automatic Investments."

If you are requesting to receive the distribution by check, please allow 7-10 business days for delivery after the account has been closed.

Any applicable account closing fees or other applicable fees will be deducted from the account prior to making the distribution. Please refer to your HSA Fee Schedule for a list of applicable fees.

STEP 1: Account Holder Information				
First Name:		Middle Name:		Last Name:
Address:			City:	State: Zip Code:
Account Number: (12 digits from your Welcome Kit or statement. Not your card number.)			Social Security Number: (Only Last 4 Digits Required)	
_____			XXX / XX / _____	
Reason for Account Closure:				
<input type="checkbox"/> No longer eligible to contribute to HSA		<input type="checkbox"/> Disability		<input type="checkbox"/> Dissatisfied with service
<input type="checkbox"/> Rollover HSA to another Custodian		<input type="checkbox"/> Account fees		<input type="checkbox"/> Other
Note: If you are rolling these funds over to another HSA, this is considered a rollover. You may make only one rollover contribution to an HSA during a one-year period. You have 60 calendar days from the date you receive these funds to deposit them into another HSA.				

STEP 2: Account Closure Balance Request
<input type="checkbox"/> I am requesting that ConnectYourCare close my HSA and send the funds directly to my account on file via electronic funds transfer (EFT). (You must already have a personal banking account linked to your HSA to choose this option.)
<input type="checkbox"/> I am requesting that ConnectYourCare close my HSA and mail the funds directly to my address on file via check.

STEP 3: Authorization
By signing this form, I authorize and direct ConnectYourCare to close my Health Savings Account and to send my HSA funds, less any applicable fees and expenses, directly to me. I authorize that I am the true owner of this account and that all information provided by me on this request is true and accurate. I understand that there may be tax consequences associated with closing my HSA. I assume responsibility for any tax consequences or penalties that may apply and I agree that ConnectYourCare shall in no way be held responsible.
Account Holder Signature: _____
Date: _____

How to Submit: Please mail the completed form to:
• ConnectYourCare, PO BOX 85960, 6300 Wayne Road, Westland, MI 48185

