

# HSA Closure Request Form

Mail or fax completed forms to:

**Address:** American Health Value  
PO Box 8063, Boise, ID 83707-2063

**Fax:** 208.331.2651



**HSA's Done Right!**

## Authorization for Account Closure

To authorize American Health Value to close your health savings account (HSA), complete this form. **A closure fee of up to \$25.00 may apply.** Please contact American Health Value at 800.914.3248 to determine the exact fee. **In order to allow for all transactions to settle, your account will be frozen for a period of at least five (5) business days prior to its being closed.** Please note that if you choose to receive a check for any remaining funds mailed to you, allow 7 to 10 business days after the end of the freeze period to receive your check. The funds you receive from an HSA must be deposited into another HSA or used for qualified medical expenses within 60 days after you receive them to avoid taxes and penalties. There are generally no exceptions to the 60-day rule and the IRS will not grant extensions. Receipt generally means the day you actually have the funds in hand.

**Note:** You must liquidate all investments before your HSA can be closed. American Health Value does not automatically liquidate investments on your behalf. To do this, you must log in to your online account and select "Sell All" for each of the funds that you own.

## Primary Account Holder Information

Last Name	First Name	M.I.	
Street Address	City	State	ZIP
Email Address (required)	Daytime Phone ( )	Last 4 of SSN	
Reason for Account Closure			

**Note: If this closure is due to the death of the account holder, please attach a copy of the death certificate.**

## Closure Method

Please close my American Health Value HSA. I understand that the remaining balance, less applicable closure fees, will be mailed to the address on file. Signature required below.

- Send via check** (funds will be mailed to address on file)  
 **Send via EFT to bank account on file** (EFT not available for closure due to death)

Financial institution: \_\_\_\_\_

Routing number: \_\_\_\_\_ Account number: \_\_\_\_\_

Your Name  
123 Main Street  
Any Town, USA 54321

Pay to the order of \_\_\_\_\_ \$ \_\_\_\_\_ Dollars

Your Financial Institution  
400 Countrywide Way  
Sun Valley, Ca 91060

For  
⑆ 2 2000 78 9⑆ 0123456789 ⑆ 1234

Routing Number      Account Number      Check Number  
(Do not include)

**Form must be accompanied by a copy of a voided or an actual check.**

## Transfer to Another HSA Custodian

Please close my American Health Value HSA. I am requesting that the remaining balance, less applicable closure fees, be sent via check to the **HSA custodian** below with whom I have an account. EFT transfer is not supported on a transfer to another custodian. Signature required below.

- Full transfer/will close my account.     Partial transfer/will not close account: \$ \_\_\_\_\_

Institution Name		Account Number	
Street Address	City	State	ZIP

## Authorization to Close Account (If form is left blank, funds will be mailed via check to address on file)

Name (please print)	Signature	Date
---------------------	-----------	------

Please allow up to three weeks for the distribution or transfer to be mailed.