



American Health Value

Your Health Savings Account Experts

800-914-3248

Employer Change/Terminations

Group Contact Information (Check here if information has been updated)

Company Name: _____ Plan# _____

Contact Person: _____

Phone Number: (____) _____ Fax Number: (____) _____

Email Address: _____

Website Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Remove Employees

List employees you would like removed from your HSA group record below (attach additional sheets if needed). This does not close their account.

Employee Name	Termination Date

Contact your insurance carrier to remove employees from your insurance.

Important Information Regarding Automatic Deposits

- This termination form does not cancel automatic deposits into the HSA of the employee(s) listed above.
- If you are using the on-line employer funding tool or making automatic deposits into your employee accounts through another process, you will need to cancel those deposits.

**For Assistance With Removing Employees
Contact Our HSA Specialists!**

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800-914-3248

info@AmericanHealthValue.com

www.AmericanHealthValue.com