



# Employer Change/Terminations Form

Fax Completed Form to (208) 331-2651 or  
Scan & Email to [Info@AmericanHealthValue.com](mailto:Info@AmericanHealthValue.com)

Company Name: \_\_\_\_\_ Plan#: \_\_\_\_\_

### Group Contact Information:

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.

<u>Employee Name</u>	<u>Termination Date</u>

**\*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 online employer funding tool or making automatic deposits into your employee accounts through another process, you will need to cancel those deposits.

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



**800-914-3248**  
**info@AmericanHealthValue.com**

