

Health Savings Account (HSA) Closure Form for Employees



Please mail completed form to:

Wells Fargo Health Benefit Services, P.O. Box 45600, Salt Lake City, UT 84145-0600

Contact Information				
Last Name	First Name	M.I.	Social Security #	Date of Termination
Street Address			City	State Zip
E-Mail Address			Home Phone # (area code)	Work Phone # (with area code & ext.)
Distribution Options				
Your employer-sponsored HSA ends upon termination of employment. For your convenience, Wells Fargo will automatically roll any outstanding balances into an individual HSA. However, you may choose another distribution option by selecting from one of the following:				
<input type="checkbox"/> Please send me a check for the remaining balance of my account after all fund investments have been liquidated. If I have elected Direct Deposit for claim reimbursements, then funds will be deposited into my account.				
<input type="checkbox"/> Please roll my balances into an HSA with another financial institution. A check payable to myself and my new financial institution will be mailed directly to the financial institution at the address below.				
Name of Financial Institution				
Street Address of Financial Institution			City	State Zip
Account Owner Status				
Please select one of the following options.				
<input type="checkbox"/> Death of Owner				
<input type="checkbox"/> Disabled				
<input type="checkbox"/> Age 65 or Older				
<input type="checkbox"/> None Apply				
I hereby request that <i>Wells Fargo Health Benefit Services</i> close my Health Savings Account (HSA). I acknowledge that this account will be closed according to the <i>Health Savings Account Disclosure and Custodial Account Agreement</i> .				
I certify that under my HSA any non-medical expense will be taxable and reportable on my individual tax return, and a 10% excise tax may be due unless an exception applies under IRS regulations. I certify that I have filled out this form completely, and wish to close my current HSA.				
Signature of Account Holder				Date of Application

Web site: <https://healthbenefits.wellsfargo.com>

Phone: (866) 890-8309