



REQUEST TO CLOSE HSA ACCOUNT

Name: _____

HSA Checking Account Number: 9 5 0 0

HSA Debit Card Number:

If you have been issued an additional debit card, please list the number below:

HSA Debit Card Number:

I am requesting that The Bank of New York Mellon close my HSA accounts indicated above; I will be responsible to write a final check to disburse the assets of the account. No interest will post and no fees will be incurred following the account closing. In addition, no additional deposits will post to the account.

Account holder Name _____

Account holder Signature _____

Stamp of Signature Guarantee
Required when accountholder signature is not on file

Address
City, State, and Zip

Mail this form to:
Mail
BenefitWallet
P.O. Box 1584
Secaucus, NJ 07094-1584

Courier/Overnight
BenefitWallet
500 Plaza Drive 8th Floor
Secaucus, NJ 07094

For Internal Use only:

Signature Verified by: _____	Date: _____
PAN Deleted from Elan by: _____	Date: _____
PAN Deleted from Flex by: _____	Date: _____
FLEX Acct Closed by: _____	Date: _____
Check # _____	Amt _____