

HSA Closure request form

HealthEquity

Mall or fax completed forms to:

Address: HealthEquity, Attn: Client Services
15 W Scenic Pointe Dr, Ste 100, Draper, UT 84020

Fax: 801.846.2929

Authorization for account closure

To authorize HealthEquity to close your health savings account (HSA), complete this form. A closure fee of up to \$25.00 may apply. Please contact HealthEquity at 866.346.5800 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. HealthEquity 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 Hufer	First name Dan	M.I. M
Street address 207 Jones Rd	City Crestview	State FL
Email address (required) Danhufer@gmail.com	Daytime phone (850)3983976	ZIP 32536
Last 4 of SSN or HealthEquity ID number 0739		

Reason for account closure

No longer working for Southwire, when working there never could figure out how to get a claim to go through. I have a new job now.

Note: If this closure is due to the death of the account holder, please use the HSA Instructions Upon Death form.

Closure method

Please close my HealthEquity 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: Eglin Federal Credit Union

Routing number: 263178070 Account number: 284043

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

Transfer to another HSA custodian

Please close my HealthEquity 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.

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) Dan Hufer	Signature 	Date 9/15/2023
---	---------------	--------------------------

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



838 Eglin Parkway N.E.
Fort Walton Beach, FL. 32547-2781
eglinfcu.org

Date: 9/15/2023

To Whom It May Concern:

This letter is to confirm that Eglin Federal Credit Union is online with the Federal Reserve Bank, and our ABA routing number is 263178070.

Please use our ABA number and our member's account number, as shown below, to process and complete a direct deposit or automatic withdrawal (ACH). Please use the correct code to specify if a savings or checking account for withdrawals.

Member Name: Clarissa Hufer, Dan Hufer

Account #: 284043 ☒ Checking ☐ Savings

If you have any questions, please contact our office at 850.862.0111 or toll free at 800.367.6159.