



**STERLING HSA™**

## TERMINATION OF STERLING HSA ACCOUNT

To close your account with Sterling HSA, please provide your complete account name and number in the spaces below and check the appropriate box to let us know the reason for the account closure. Thank you.

Account Holder Name \_\_\_\_\_

HSA Account Number \_\_\_\_\_

The reason for my account closure is (please check one):

- ☐ MY EMPLOYER NO LONGER OFFERS AN HSA COMPATIBLE HEALTH PLAN
- ☐ CHANGE OF EMPLOYMENT
- ☐ ISSUES WITH HSA COMPATIBLE HEALTH COVERAGE (Please explain)\_\_\_\_\_
- ☐ ISSUES WITH HSA ACCOUNT (Please explain)\_\_\_\_\_
- ☐ OTHER (Please explain)\_\_\_\_\_

**I Am Terminating My Account with Sterling HSA Please send all funds in my account to: (check one)**

- ☐ **MY NEW HSA ACCOUNT ADMINISTRATOR**

\_\_\_\_\_  
Name of HSA Administrator

\_\_\_\_\_  
Account Holder Name Account Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State ZIP

- ☐ **SELF**

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State ZIP

\_\_\_\_\_  
Account Holder Signature Date