

# Request to Close Everence Health Savings Account



If you wish to close your Everence HSA, **please complete and fax this form to 717-735-8331**. You may also mail this form to Everence HSA Administration, 2160 Lincoln Highway E., Suite 20, Lancaster, PA, 17602. If you have questions about closing your account, you may call us at 800-451-5719.

## Account owner information

Account owner name \_\_\_\_\_

Address \_\_\_\_\_  
Street City State ZIP

HSA account number \_\_\_\_\_

## Account closure

- I would like to only close my HSA.  I would like to close my HSA and Everence FCU membership.

## HSA investments

If you have invested some of your HSA in mutual funds, all investments must be liquidated before the account can be closed. The proceeds will be deposited in your HSA share account two business days following the investment trading day. It may then take additional time to close your HSA in order to credit any dividends from your investments that may be due.

- Please liquidate any and all HSA investments I have.

## Your feedback is important to us

Please provide the reason you wish to close your Everence HSA below. Check all that apply:

- My Everence HSA did not provide value relative to cost/price.  
 My Everence HSA did not meet my expectations with regard to product features or service level.  
 I no longer have a qualified high-deductible health plan.  
 Other – please describe here: \_\_\_\_\_  
\_\_\_\_\_

## Closure agreement

By signing below, I understand that I am closing my Everence health savings account, or HSA. By doing so, I am instructing Everence to liquidate all HSA investments I may have, and am affecting a distribution of the total amount of money in my HSA. I understand any applicable account closure fees will be deducted from the account balance before my HSA is closed.

I understand that this distribution may be subject to tax consequences in certain circumstances (depending on my individual situation), including if this distribution is used for anything other than the reimbursement of a qualified expense for medical care as defined under Internal Revenue Code Section 213(d).\*

Signature of account owner \_\_\_\_\_

Date \_\_\_\_\_

### Everence Federal Credit Union

2160 Lincoln Highway E., Ste. 20  
Lancaster, PA 17602-1150  
everence.com

Toll-free: 800-451-5719  
F: 717-735-8331  
infocu@everence.com

*\*Everence Federal Credit Union is not authorized to provide tax, investment, or legal advice with respect to health savings accounts. Please refer questions to your tax advisor, investment advisor, or accountant.*