

## HSA Termination Form

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You must notify Beneflex HR Resources when an employee participating in the HSA Plan terminates employment in order for the employee account to be updated correctly. HSA Bank will also be informed of this termination.

The YTD deduction amounts indicated below will be reflected in the employee's accounts. Please include the date of the last deduction to ensure accurate processing of the termination.

COMPANY NAME: \_\_\_\_\_

Name	SSN	Term Date	Date of Last Deduction	YTD Deductions Per Plan

Name of Representative:	Title:
Authorized Signature:	Date:

Please Return Completed Form to:



HSA Processing Department

Email: [hsaprocessing@beneflexhr.com](mailto:hsaprocessing@beneflexhr.com)