Acclaris
A Willis Towers Watson Company

HEALTH SAVINGS ACCOUNT (HSA) TRANSFER DECLINE FORM

First Name:	MI:	Last Name:	Social Security Number -- Last 4 Digits:
Street Address Line 1:			
Address Line 2:	City:	State:	Zip:
Daytime Telephone Number:	Evening Telephone Number:		

GENERAL INFORMATION

Use this form to decline your health plan's or employer's proposed transfer of your HSA balance to another custodian. Acclaris will continue as the custodian of your HSA. There may be fees associated to your account, including monthly maintenance fees and/or fees to transfer your balance and close your account at a later date. After Acclaris receives this completed form, we will update your account to our Via Benefits™ individual HSA and send you a new debit card and an HSA welcome kit, including information about any associated fees.

Acclaris HSA Account Number:

Please return the completed form to:

Acclaris, Inc.
P.O. Box 25101
Lehigh Valley, PA 18002-5101

ACKNOWLEDGMENT AND SIGNATURE

I have read and understand the transfer decline rules and conditions. All information provided by me is true and correct and may be relied on by Acclaris, Inc.. I assume full responsibility for declining the funds transfer transaction and will not hold Acclaris, Inc. or the health plan liable for any adverse consequences that may result.

Signature of Account Owner:	**Date:**

PLEASE KEEP A COPY FOR YOUR RECORDS

Any information missing from this form may delay or prevent the processing of your request.
Acclaris, Inc. offers all account services and is the HSA custodian.