

Health Savings Account Insurance Application

Date: [Insert Date]

To: [Insurance Company Name]

Address: [Insurance Company Address]

City, State, Zip: [City, State, Zip]

Dear [Insurance Company Contact Name],

I am writing to submit my application for a Health Savings Account (HSA) insurance plan. Please find my personal information and required details below:

Applicant Information

Full Name: [Your Full Name]

Address: [Your Address]

City, State, Zip: [Your City, State, Zip]

Email: [Your Email]

Phone Number: [Your Phone Number]

Health Information

Social Security Number: [Your SSN]

Employer: [Your Employer]

Plan Type: [HSA Plan Type]

Requested Coverage

Coverage Start Date: [Desired Start Date]

Beneficiaries: [List of Beneficiaries]

I have enclosed all necessary documents required for the application, including my identification and proof of eligibility for HSA.

Thank you for considering my application. I look forward to your prompt response.

Sincerely,

[Your Name]