

# Health Savings Account Insurance Coverage Inquiry

Date: [Insert Date]

To: [Insert Insurance Provider's Name]

Address: [Insert Insurance Provider's Address]

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

Subject: Inquiry Regarding Health Savings Account Insurance Coverage

Dear [Insert Contact Name],

I hope this message finds you well. I am writing to inquire about the specifics of my health savings account (HSA) insurance coverage. I would appreciate your assistance in clarifying the following points:

- What medical expenses are eligible for reimbursement through my HSA?
- Are there any limits or restrictions on contributions to my HSA in the current plan year?
- How does my current insurance policy coordinate with my HSA benefits?

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Address]

[Your City, State, Zip]

[Your Phone Number]

[Your Email Address]