

Health Savings Account Insurance Eligibility Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

[Insurance Provider's Name]

[Insurance Provider's Address]

[City, State, Zip Code]

Dear [Insurance Provider's Name or Specific Contact],

I am writing to request clarification regarding my eligibility for a Health Savings Account (HSA) under my current health insurance plan. My details are as follows:

- Policyholder Name: [Insert Your Name]
- Policy Number: [Insert Policy Number]
- Group Number: [Insert Group Number]
- Date of Birth: [Insert Your Date of Birth]

According to IRS guidelines, I believe I may qualify for an HSA, and I would like to confirm whether my existing health insurance meets the required criteria. I would appreciate it if you could provide information regarding the following:

- The type of health plans that qualify for an HSA.
- Any necessary documentation I need to provide to complete this eligibility request.
- Estimated time frame for processing this request.

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

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]