

# Health Savings Account Insurance Inquiry

Date: [Insert Date]

To,

[Insurance Provider's Name]

[Insurance Provider's Address]

Dear [Insurance Provider's Contact Name],

I hope this message finds you well. I am writing to inquire about the details of my Health Savings Account (HSA) and the associated insurance coverage.

Specifically, I would like to understand the following:

- Current balance and contribution limits
- Eligible expenses covered by the HSA
- Process for reimbursing medical expenses
- Any fees associated with the account

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

Sincerely,

[Your Name]

[Your Address]

[Your Phone Number]

[Your Email Address]