

Health Savings Account Insurance Update Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

To: [Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Representative's Name],

I am writing to request an update to my Health Savings Account (HSA) insurance information. My policy number is [Insert Policy Number].

Due to [brief explanation of reason, e.g., a recent change in employment, family status, etc.], I need to ensure my account reflects the most accurate and current information.

Please let me know if there are specific forms or documentation you require from me to facilitate this update. I appreciate your assistance in ensuring that my HSA account is up to date.

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

Sincerely,

[Your Name]