



**GROUP / EMPLOYEE TERMINATION/REMOVAL FROM YOUR HSA PROGRAM**

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Please complete this form in order to disassociate either a group or employee(s) from your Health Savings Account (HSA) program. Please note that disassociating a group or employee(s) from your HSA Program will not close any Health Savings Accounts; the action only removes the link between the specified group or employee(s) and your HSA program.

Employees are not required to close their HSA, nor can you do so on their behalf. If an employee wishes to close their account, they must contact our Customer Service Team to do so.

**PART 1: Contact Information**

Administrator or Carrier Name:	Contact Name:
Contact Phone Number:	Contact Email:
Group Name:	Group Contact Name:
Contact Phone Number:	Contact Email:
Group ID Number/Code Used in Enrollment File:	

**PART 2: Terminating/Removal Type - Check One**

**Entire Group:** Attach an Excel spreadsheet with the list of employees' names and HSA Number or Social Security Number.

Terminating/Removal Effective Date: (mm/dd/yyyy)	Do you or another third party pay the monthly maintenance fees on this employee's HSA? <input type="checkbox"/> Yes <input type="checkbox"/> No	Termination/ Removal Reason: <input type="checkbox"/> Employment Status <input type="checkbox"/> No Longer in an HDHP
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**Employee(s) Information:** If number of employees exceeds the space below, please list employees' information on an Excel spreadsheet and attach with this form.

Employee Name:	HSA Number or Social Security Number:	
Terminating/Removal Effective Date: (mm/dd/yyyy)	Do you or another third party pay the monthly maintenance fees on this employee's HSA? <input type="checkbox"/> Yes <input type="checkbox"/> No	Termination/ Removal Reason: <input type="checkbox"/> Employment Status <input type="checkbox"/> No Longer in an HDHP
Employee Name:	HSA Number or Social Security Number:	
Terminating/Removal Effective Date: (mm/dd/yyyy)	Do you or another third party pay the monthly maintenance fees on this employee's HSA? <input type="checkbox"/> Yes <input type="checkbox"/> No	Termination/ Removal Reason: <input type="checkbox"/> Employment Status <input type="checkbox"/> No Longer in an HDHP

**PART 3: Signatures - Required**

If you are using the Employer Funding Portal to make contributions, please ensure that you remove separated employee(s) from your spreadsheet.

By signing, you are acknowledging that the employee(s) being terminated or removed has been advised that they will be responsible for monthly HSA service fees going forward.

**The Bancorp must receive this completed form by the 10th of the month in order to transfer service fees to the separated employee(s). If this form is received after the 10th of the month, you remain responsible for payment of service fees for that month only.**

I wish to remove the above group/employee(s) from our HSA program with The Bancorp Bank.

Signature of Company Official:	Date: (mm/dd/yyyy)
Print Name:	Title:

**Please fax or email this completed form to:**  
The Bancorp Bank, Attn: Healthcare Solutions  
Fax: 302.791.5786, Email: HealthcareResearch@thebancorp.com