



Withdrawal Form for Health Savings Accounts (HSAs) or Medical Savings Accounts (MSAs)

Date: _____

Policy Number: _____

HSA/MSA Account Holder Name: _____ SSN: _____

Assurant Health has simplified the paperwork for HSA and MSA customers. Use this form when you need to make a withdrawal from your account.

Please note:

1. HSA/MSA checks are issued on the last business day of each month. Please allow five business days for your check to arrive.
2. The amount of your withdrawal request must be \$100 or more in order to have a check issued at the end of the month.
3. The balance of your HSA/MSA must also be \$100 or more in order to have a check issued at the end of the month.
4. If your withdrawal request is less than \$100, a check will not be issued until you reach the \$100 minimum withdrawal amount, or until the end of the quarter. Withdrawal requests less than \$10 are only reimbursed at year-end.

Please send me a withdrawal from my HSA/MSA.

Note: This withdrawal request will not be applied to your policy medical benefits. If you wish to have claims considered under your major medical policy, please submit an itemized bill to the claims address on your medical ID card.

Requested Disbursement Amount: \$_____

Signature of HSA/MSA Account Holder

Date

Mail this completed form to:
Assurant Health
PO BOX 3015
MILWAUKEE, WI 53201-3015

Thank you for choosing Assurant Health.
If you have any questions, call us at 888-846-3672.