



HSA Transfer Credit Form

Maximize Your Savings by Transferring Your Existing HSA to EECU

We make it easy to consolidate your health savings accounts, so you can save more and earn more with EECU. Your EECU HSA enables you to save and conveniently pay for qualified medical expenses and pay no monthly service fees.

Plus, for a limited time, you can receive up to \$25 in credit for transferring your existing health savings account (HSA) balance to EECU, if you are charged a fee for closing your HSA with another HSA provider. To take advantage of this offer, just follow these simple steps:

1. Complete and mail the Direct Transfer form to EECU by October 31, 2021.

- EECU will work directly with your other HSA provider to automatically transfer funds from your account with them to your new EECU HSA.

2. Complete and mail the Redemption form below to EECU by November 30, 2021.

- After you have submitted your Direct Transfer Form, mail EECU documentation showing you were charged a Closing Fee by your other HSA provider. Documentation can include an account statement or transaction receipt.
- Here is our mailing address:

EECU
Attn: HSA Department
1617 West 7th Street
Fort Worth, TX 76102

Questions?

Call us at 817-882-0800 | Stop by a financial center

Rules: To qualify for a credit of up to \$25, the EECU HSA accountholder must complete and submit the Direct Transfer form by October 31, 2021 and submit by November 30, 2021 documentation showing the accountholder was charged an Account Closing Fee by the other HSA provider. Documentation includes an account statement or transaction receipt from your previous HSA account provider. Beginning on December 2021, a credit equal to the account closing fee charged by your other HSA provider, up to \$25, will automatically be credited to your EECU HSA. The credit will not count toward the contribution limit for the year. Limited to one qualifying transfer per account.

Federally insured by NCUA

\$25 HSA Transfer Credit – Redemption Form

Complete and mail this Redemption form and documentation to EECU by November 30, 2021.

Accountholder Name:

Accountholder Address, City, State & Zip Code:

Accountholder Email Address:

Accountholder Signature:

Attached is documentation showing I was charged an HSA Closing Fee by my other HSA provider.