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## MEMORANDUM

TO: Faculty, staff, and retirees of the University of Missouri System enrolled in a Health Savings Account with Optum Bank  
FROM: Benefits Program, UM System Office of Human Resources  
RE: Closing your Optum Bank Health Savings Account

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The attached form is for individuals who are currently enrolled in a Health Savings Account with Optum Bank. Completion of this form will cancel your UM enrollment in the Health Savings Account and close your account with Optum Bank. No further university contributions will be made to your account.

Please note that you should return your completed form to the Office of Human Resources rather than to Optum Bank, as the form suggests, so that we may cancel your UM health savings account election and stop any contributions that you may have elected to make. Your form will then be forwarded to Optum Bank to complete the closure process.

As the account owner, you will be responsible for any maintenance, service or designated fees associated with closing the account, and will be responsible for any tax liabilities associated with distributions from the account.

Please return your completed form to:

**Office of Human Resources**  
University of Missouri System  
Old Alumni Center  
1105 Carrie Francke Drive, Suite 108  
Columbia, MO 65211

Email: [HRServiceCenter@umsystem.edu](mailto:HRServiceCenter@umsystem.edu)  
FAX: (573) 882-9603

If you have questions, please contact the HR Service Center at 573-882-2146 or [hrrservicecenter@umsystem.edu](mailto:hrrservicecenter@umsystem.edu).



**University of Missouri System, Office of Human Resources**

COLUMBIA | KANSAS CITY | ROLLA | ST. LOUIS

1105 Carrie Francke Drive • Suite 108 • Columbia, MO 65211

573-882-2146 • [umurl.us/TR](http://umurl.us/TR)



## HSA Account Closure Request Form

Use this form to request the closure of your Optum Bank HSA. Investment funds (if applicable) must be liquidated prior to account closure. If you have not completed this process prior to our receipt of this form, you hereby authorize and direct us to liquidate investment funds on your behalf.

### PART 1: Optum Bank Contact Information

**By Mail:**  
Optum Bank  
P.O. Box 271629  
Salt Lake City, UT 84127

**By Fax:**  
1-866-314-9795

**Questions?**  
Please refer to the phone number on the back of your HSA Debit Card.  
Customer Service Professionals are available from 8 a.m. to 8 p.m. Eastern time to assist you.

### PART 2: Optum Bank Account Information – Required

Account Holder Name:	
Optum Bank Account #:	Group Id Number:

### PART 3: Account Holder Authorization

Please close my Optum Bank account, and mail the remaining balance to me. Funds will be mailed to address listed on the account.

X \_\_\_\_\_  
Signature of Account Holder

\_\_\_\_\_  
Date