



Request to Close and Transfer Health Savings Account

If you would like to close your Health Savings Account at Chase (JPMorgan Chase), complete and return this form to the Maricopa County Employee Benefits Division by no later than June 1, 2014. If Chase has all required information, your funds will be transferred to your new HSA at Optum Bank in early August (provided you have opened your bank account at Optum Bank). Below is the contact information for the Maricopa County Employee Benefits Division:

Maricopa County Employee Benefits Division
301 W. Jefferson St., Suite 3200
Phoenix, AZ 85003-2143
Phone: (602) 506-1010 Fax: (602) 506-2354
E-mail: BenefitsService@mail.maricopa.gov

Account Information and Mailing Address:

Last 9 Digits of the Health Savings Account #: xxx _ _ _ _ _

Employer Name: __Maricopa County_____

First Name: _____ M.I. __ Last Name _____

Street/Apt: _____

City: _____ State: _____ Zip code: _____

Daytime Telephone #: (____) _____ Last four digits of SSN _ _ _ _

Health Savings Account Closure Authorization

Please close my Health Savings Account and disburse the funds as directed below. I understand that Chase will wait 10 days to allow any outstanding debit card transactions to settle before transferring any remaining account balance.

Account Holder's Signature _____ Date: _____

Investment Account Closure Instructions

If you have an open HSA investment account, please contact J.P. Morgan Institutional Investments, Inc. (JPMII) at 866-774-7129 to request liquidation of your investments and closure of the investment account **prior to returning this form.** The HSA cash account cannot be closed until the investments have been liquidated.

If your HSA investment account has a zero balance, you hereby instruct JPMII to close the investment account.

HSA Trustee-to-Trustee Transfer Authorization

You may instruct Chase to transfer funds from your Chase HSA to a new HSA at another institution by completing the information below.

Please transfer the funds in my HSA listed above to my new Health Savings Account at the institution listed below. The funds will be transferred and made payable to the new custodial institution and forwarded directly to them.

Custodial Institution Name: __Optum Bank_____

Institution Address: __PO Box 271629_____

City: __Salt Lake City_____ State: __UT_____

Zip Code: __84127-1639_____

If you have any questions regarding Chase HSA, please contact Chase HSA Member Services at 866-524-2483.