



## Health Savings Account (HSA) Opt Out Form

As part of the transition to the WEX Health Savings Account from Further, you are permitted to opt out of transferring your current HSA balance to WEX. However, your employer will no longer support your HSA at Further. If you choose to keep your HSA at Further, any associated account fees will be deducted directly from your HSA Account.

If you choose to opt out of the transition this form will need to be completed and sent to: [mhc@wexinc.com](mailto:mhc@wexinc.com) by August 3, 2022. If your form is not received by August 3 2022, your HSA account will be automatically moved to WEX by Further.

Should you wish your HSA balances to move to WEX, no action is required, and you do not need to complete this form.

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Employer Name:

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Accountholder Name:

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By signing below, I direct that my Health Savings Account (HSA) remain with the current HSA administrator and custodian. I acknowledge that my employer elected to change the HSA administrator and/or custodian, and that my election to maintain my current HSA administrator and custodian may result in complications regarding my employer's ability to service the account.

I further acknowledge that, due to the important tax consequences relating to HSAs, I have been advised to see a tax professional. State tax laws may vary, and I agree that the current HSA administrator and/or custodian make no representation as to the tax effect of this election under state law. I also acknowledge that my election is completely voluntary. I assume the responsibility for any consequences that my beneficiaries or I may experience relating to this election and I agree that the current HSA administrator and/or custodian shall in no way be responsible for those consequences.

Signature of HSA Accountholder:

Date: