

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Recipient's Name]
[Recipient's Title]
[Organization Name]
[Organization Address]
[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Documentation for Health Flexible Spending Account (HFSA)

I am writing to submit the required documentation for my Health Flexible Spending Account (HFSA) as per the guidelines outlined in your communication.

[Briefly state the purpose of the letter, e.g., "Attached are the receipts for eligible medical expenses incurred during the period of [insert date range]."]

Enclosed you will find:

1. [Document Type 1: Description]
2. [Document Type 2: Description]
3. [Any additional documents]

Please let me know if you require any further information or if there are additional steps I need to take.

Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]