

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

Dear [Recipient Name],

I am writing to formally submit my application for the Health Flexible Spending Account (HFSA) for the [mention the specific plan year or relevant period]. I am interested in enrolling to take advantage of the tax savings and to cover eligible medical expenses.

[Briefly explain your reasons for applying, such as specific medical expenses, family needs, or tax advantages.]

Please find the required documents attached, including [list any relevant documents, such as proof of eligibility or prior enrollment forms].

I appreciate your consideration of my application. If you need any further information, please do not hesitate to contact me.

Thank you for your attention.

Sincerely,

[Your Name]