

[Your Name]
[Your Address]
[City, State, ZIP Code]
[Email Address]

[Phone Number]

[Date]

[Recipient Name]

[Company/Organization Name]

[Address]

[City, State, ZIP Code]

Dear [Recipient Name],

I hope this letter finds you well. I am writing to request an adjustment to my Health Savings Account (HSA) contributions for the year [insert year].

Due to [brief explanation of reason for adjustment, e.g., changes in my financial situation, healthcare expenses, etc.], I would like to modify my contributions as follows:

- Current Contribution Amount: \$[current amount]

- New Contribution Amount: \$[new amount]

Please let me know if any additional information is required or if there are forms I need to complete to facilitate this adjustment. Thank you for your assistance in this matter.

Sincerely,

[Your Name]

[Your HSA Account Number] (if applicable)