

[Company Name]
[Health Savings Account Department]
[Street Address]
[City, State, Zip Code]

[Date]

[Member Name]
[Street Address]
[City, State, Zip Code]

Account Number: [Ending in XXXX]

Subject: Fulfillment of Requested Itemized Statement

Dear [Member Name],

As per your recent request, we are providing the itemized statement for your Health Savings Account (HSA) covering the period of [Start Date] through [End Date].

The enclosed statement includes details for all transactions during this timeframe, including:

- Contributions (Employer and Employee)
- Distributions and Reimbursements
- Earned Interest
- Account Fees (if applicable)
- Current Account Balance

Please review this document carefully. We recommend retaining this statement for your tax records and to verify qualified medical expenses in accordance with IRS guidelines.

If you have any questions regarding specific transactions or believe there is an error on this statement, please contact our Member Services department at [Phone Number] or visit our online portal at [Website URL].

Thank you for choosing [Company Name] for your healthcare savings needs.

Sincerely,

[Name/Department]
[Company Name]

Enclosure: Itemized HSA Transaction Statement