



Address for Return Mail:

Bank of Ann Arbor
 HSA Processing
 801 W. Ellsworth Rd.
 Ann Arbor, MI 48108

734-662-1600 * Fax 734-662-1059 * Website: boaa.com

Notification of Termination or Status Change Form

This is to send notice that a termination or status change has occurred.

Company Name:	Today's Date:
Company Address:	Email:
Phone Number:	Fax Number:
Attention:	Contribution Year:

#	Individual/Employee Name	Status Change (check any that apply)	Effective Date of Change	New Deductible Amount if any	Insurance Company	Insurance Agent
1.		<input type="checkbox"/> To a Family Plan <input type="checkbox"/> To an Individual Plan <input type="checkbox"/> Changed Deductible Amount <input type="checkbox"/> Terminated HDHP				
2.		<input type="checkbox"/> To a Family Plan <input type="checkbox"/> To an Individual Plan <input type="checkbox"/> Changed Deductible Amount <input type="checkbox"/> Terminated HDHP				
3.		<input type="checkbox"/> To a Family Plan <input type="checkbox"/> To an Individual Plan <input type="checkbox"/> Changed Deductible Amount <input type="checkbox"/> Terminated HDHP				
4.		<input type="checkbox"/> To a Family Plan <input type="checkbox"/> To an Individual Plan <input type="checkbox"/> Changed Deductible Amount <input type="checkbox"/> Terminated HDHP				
5.		<input type="checkbox"/> To a Family Plan <input type="checkbox"/> To an Individual Plan <input type="checkbox"/> Changed Deductible Amount <input type="checkbox"/> Terminated HDHP				
6.		<input type="checkbox"/> To a Family Plan <input type="checkbox"/> To an Individual Plan <input type="checkbox"/> Changed Deductible Amount <input type="checkbox"/> Terminated HDHP				
7.		<input type="checkbox"/> To a Family Plan <input type="checkbox"/> To an Individual Plan <input type="checkbox"/> Changed Deductible Amount <input type="checkbox"/> Terminated HDHP				
8.		<input type="checkbox"/> To a Family Plan <input type="checkbox"/> To an Individual Plan <input type="checkbox"/> Changed Deductible Amount <input type="checkbox"/> Terminated HDHP				
9.		<input type="checkbox"/> To a Family Plan <input type="checkbox"/> To an Individual Plan <input type="checkbox"/> Changed Deductible Amount <input type="checkbox"/> Terminated HDHP				
10.		<input type="checkbox"/> To a Family Plan <input type="checkbox"/> To an Individual Plan <input type="checkbox"/> Changed Deductible Amount <input type="checkbox"/> Terminated HDHP				

Authorized Signature _____

Date _____

Printed Name _____