



HSA INFORMATION CHANGE NOTIFICATION

Instructions

1. Name Change - Complete Accountholder Information and Name Change sections to change the name on your HSA. **Attach legal documentation to verify legal name.**
2. Address/Telephone Number - Complete Accountholder Information and Address/Telephone Number Change sections to change your address or telephone number.
3. Mail or fax the completed form to **Benefit Extras at (952) 435-8435; toll-free fax (800) 886-8793 email: flex@benefitextras.com or Benefit Extras, Inc. P.O. Box 1815, Burnsville, MN 55337.**
4. If you have any questions regarding this form, please call **(952) 435-6858; toll-free (866) 435-6858.**

Accountholder Information

_____ Last Name	_____ First Name	_____ Middle Initial
_____ Social Security Number	_____ Employer	

Name Change (Please attach notarized marriage certificate or court order to verify legal name.)

_____ New Last Name	_____ First Name	_____ Middle Initial
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Address/Telephone Number Change

Previous Information

_____ Telephone Number		
_____ Street Address		
_____ City	_____ State	_____ Zip Code

New Information

_____ Telephone Number		
_____ Street Address		
_____ City	_____ State	_____ Zip Code

Signature

I certify that I am the HSA Accountholder or an individual authorized to execute this transaction. I have read and understand the instructions and any rules or conditions relating to this transaction. I assume full responsibility for this transaction and will not hold TPA or Healthcare Bank liable for any adverse consequences that may result. I have not received tax or legal advice from TPA or Healthcare Bank and, if necessary, will seek the advice of a tax or legal professional to ensure my compliance with related laws. All information provided by me is true and correct and may be relied upon by TPA and Healthcare Bank. **I authorize TPA and Healthcare Bank to change the information related to my account as listed above.**

_____ Signature of HSA Accountholder	_____ Date
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