



Health Savings Account Information Change Notification Form

Use this form to change either your name or demographics on your HSA. Submit completed form to: Benefit Extras, Inc. (TPA) via fax to **952.435.8435 (toll-free fax 800.886.8793)**, secure email to **flex@benefitextras.com** or mail to **Benefit Extras, Inc., P.O. Box 1815, Burnsville, MN 55337**.

If you have any questions regarding this form, please call **952.435.6858** or toll-free at **866.435.6858** or contact us via our website at www.benefitextras.com.

*Required Fields

| Part I Accountholder Information | | |
|----------------------------------|-------------------------|---|
| *Consumer Name (First, MI, Last) | | *Employer Name (If sponsored by an employer plan) |
| *Birth Date (MM/DD/YYYY) | *Social Security Number | *Day Telephone |

*Required Fields

| Part II Name Change |
|--|
| *Attach notarized marriage certificate or court order to verify legal name. |
| New Name (Last, First, MI) |

*Required Fields

| Part III New Profile Information | | |
|----------------------------------|--------|------|
| *Address | | |
| *City | *State | *Zip |
| Email Address | | |

Part IV Consumer Signature

I certify that I am the HSA Accountholder or an individual authorized to execute this transaction and authorize Benefit Extras, Inc. and WEX Inc. to change the information related to my account as listed above. 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 Benefit Extras, Inc. or WEX Inc. liable for any adverse consequences that may result. I have not received tax or legal advice from Benefit Extras, Inc. or WEX Inc., 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 Benefit Extras, Inc. I acknowledge that changes specified on this form shall become effective as soon as administratively feasible upon the receipt of this form. I acknowledge that this form may be electronically signed, and I agree that the electronic signature(s) appearing on this document are the same as handwritten signatures for the purpose of validity, enforceability, and admissibility.

| | |
|---------------------|-------|
| *Consumer Signature | *Date |
|---------------------|-------|