

*Required Fields

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.

**Consumer Name (First, MI, Last) **Employer Name (If sponsored by an employer plan) **Employer Name (If sponsored by an employer plan) **Employer Name (If sponsored by an employer plan) **Day Telephone **Day Telephone **Day Telephone **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 **Employer Name (If sponsored by an employer plan) **Employer Name (If sponsored by an employer plan) **Tolay Telephone **Tolay Telephone **Zip **Employer Name (If sponsored by an employer plan) **Zip **Employer Name (If sponsored by an employer plan) **Zip **Zip **Zip **Zip **Employer Name (If sponsored by an employer plan) **Zip **Zip **Zip **Zip **Employer Name (If sponsored by an employer plan) **Zip *	Part I Accountholder Informatio	n				
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 *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 transactand the instructions and any rules or conditions relating to this transaction. I assume full responsibility for this transactand 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 Name (First, MI, Last)		*Employer Name (If sponsored by an employer plan)			
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 *State *Zip Email Address *City Learning Address *City 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., and, if necessary, will seek the advice of a tax or legal professional to ensure my compliance with related laws. All information priorided by me is true and correct and may be relied upon by Benefit Extras, Inc. 1 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.	*Birth Date (MM/DD/YYYY)	*Social Security Number		*Day Telephone		
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Date Date	*Consumer Signature		*Date	*Date		
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