

HEALTH SAVINGS ACCOUNT REQUEST FOR ADDITIONAL DEBIT CARD

Enter the information via your keyboard, print the form, sign it and fax it to the number above.

A. General Information			
Name		SSN	
Address		DOB (mm/dd/yyyy)	
City, State, Zip		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Email address		Day Phone	
Employer Name*		Home Phone	

*If HSA was established separate from your employer, employer name is not needed

B. Additional Card Holder Information			
Name		SSN	
Relationship		*DOB (mm/dd/yyyy)	
Name		SSN	
Relationship		*DOB (mm/dd/yyyy)	
Name		SSN	
Relationship		*DOB (mm/dd/yyyy)	

*Additional card holder must be 18 years or older.

There is a \$10.00 fee for each additional debit card after the two initial cards. The fee will be automatically deducted from your health savings account. If there are not sufficient funds in your account, your request will not be processed until your next contribution is received.

The account holder named above requests that the additional card holder(s) listed above receive a secondary debit card to access the account holder's health savings account. By signing this request, the account holder acknowledges that the account holder's custodial agreement and all applicable regulations that apply govern the secondary card(s).

Account Holder's Signature

Date

