

Health Savings Account-HSA  
**HSA INFORMATION CHANGE NOTIFICATION FORM**



**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.

**2-Send** completed form to the HSA Administrator, **Flexible Benefits System, Inc.** at: **400 WillowBrook Office Park-Suite 400, Fairport NY 14450** or by fax to: **585-641-7500**.

**3-**For questions regarding this form, contact Flexible Benefits System, at **1-800-622-6233**.

**Accountholder Information**

Last Name	First Name	Middle Initial
Social Security Number	Employee ID and Employer (if applicable)	

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

<b>NEW Last Name</b>	First Name	Middle Initial
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**Address/Telephone Number Change**

**PRIOR Information**

Street Address	Telephone Number	
City	State	Zip Code

**NEW Information**

Street Address	Telephone Number	
City	State	Zip Code

**Authorization 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 HSA Administrator or Healthcare Bank, a division of Bell Bank liable for any adverse consequences that may result. I have not received tax or legal advice from HSA Administrator 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 HSA Administrator and Healthcare Bank. I authorize HSA Administrator and Healthcare Bank to change the information related to my account as listed above.

**Signature of  
HSA Accountholder:**

**Date:**

Office Use Only			
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