

HSA Power of Attorney Form



Please complete this form and send it along with a copy of your **DURABLE** Power of Attorney documentation using the information below to request a Power of Attorney be added to your HSA.

PLEASE NOTE: Your DURABLE Power of Attorney documentation must permit authority over the HSA Account holder's financial matters in order for the documentation to be accepted.

IMPORTANT: Your Power of Attorney may be eligible for a debit card. In order for your Power of Attorney to receive a debit card, your Power of Attorney must be added as an Authorized User to your HSA. After receiving confirmation that your Power of Attorney documentation has been approved, please complete the HSA Authorized User Form





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Fax completed form to:

Fax Number determined by product partner choice

product partner choice
Section 1: Account Information

Mail completed form to:

Mailing Address determined by product partner choice

Questions about this form?

800-499-3539 8:30-5:00 Monday-Friday

ACCOUNT NUMBER (specific	to product partner choice)	
LAST NAME	FIRST NAME	MIDDLE INITIAL
EMPLOYER NAME		SOCIAL SECURITY NUMBER
EMAIL ADDRESS		TELEPHONE NUMBER
STREET ADDRESS		
CITY	STATE	ZIP CODE
	orney Agent Information ——— FIRST NAME	MIDDLE INITIAL
LAST NAME		MIDDLE INITIAL SOCIAL SECURITY NUMBER
LAST NAME DATE OF BIRTH		
Section 2: Power of Attornal LAST NAME DATE OF BIRTH EMAIL ADDRESS STREET ADDRESS		SOCIAL SECURITY NUMBER

─ Section 3: Signature of HSA Account Holder ———	
I certify that I am the HSA account holder or an individual authorized to action and will not hold WealthCare Saver* as Custodian, or any of its result. I certify that I have not received any tax or legal advice from the the advice of a tax professional or legal counsel to ensure my compliant.	s affiliates, liable for any adverse consequences that may e Administrator or the Custodian, and, if necessary, will seek
SIGNATURE OF HSA ACCOUNT HOLDER	DATE