



##35PNC#####

# HSA Power of Attorney Form

Please complete this form and send it along with a copy of your durable Power of Attorney (POA) documentation to request a Power of Attorney be added to your WealthCare Saver\* Health Savings Account (HSA).

**PLEASE NOTE:** Your durable POA documentation must permit authority over the HSA account holder's financial matters in order for the documentation to be accepted.

**IMPORTANT:** Your POA may be eligible for a debit card. In order for your POA to receive a debit card, your POA must be added as an Authorized User to your HSA. After receiving confirmation that your POA documentation has been approved, an HSA Authorized User Form should be submitted.



**Fax completed form to:**  
855.588.1028



**Mail completed form to:**  
WealthCare Saver  
P.O. Box 162177  
Altamonte Springs, FL 32716



**Questions about this form?**  
800-499-3539  
M-F 8:30 AM to 5:00 PM Eastern

## Section 1: Account Information

ACCOUNT NUMBER (12 digits beginning with 601)

LAST NAME

FIRST NAME

MIDDLE INITIAL

EMPLOYER NAME

SOCIAL SECURITY NUMBER

EMAIL ADDRESS

TELEPHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

## Section 2: POA Information

LAST NAME

FIRST NAME

MIDDLE INITIAL

DATE OF BIRTH

SOCIAL SECURITY NUMBER

EMAIL ADDRESS

TELEPHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

## Section 3: Signature of HSA Account Holder

I certify that I am the HSA account holder or an individual authorized to execute this action. I assume full responsibility for this action and will not hold WealthCare Saver\* as Custodian, or any of its affiliates, liable for any adverse consequences that may result. I certify that I have not received any tax or legal advice from the Administrator or the Custodian, and, if necessary, will seek the advice of a tax professional or legal counsel to ensure my compliance with related laws.

LEGAL SIGNATURE OF ACCOUNT HOLDER (FIRST & LAST NAME REQUIRED)

DATE