



HSA Authorized User Form

Please complete this form to request changes or updates to the Authorized User of your WealthCare Saver* Health Savings Account (HSA).



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: Authorized User(s)

Check the appropriate option

- ☐ Add an authorized user to my HSA ☐ Remove an authorized user from my HSA ☐ Change authorized user's name due to marriage or legal decree (must attach)

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

I certify that I am the HSA account holder or an individual authorized to execute this transaction. I assume full responsibility for this transaction 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