

HSA Authorized User Form

Please complete this form to request Authorized User changes to your HSA account.



Fax completed form to:
877-723-0147



Mail completed form to:
PO Box 1209
Northampton, MA 01061-1209



Questions about this form?
800-499-3539
8:30-5:00 Monday-Friday

Section 1: Account Information

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

Section 2: Authorized User(s)

Check the appropriate option

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

LAST NAME

FIRST NAME

MIDDLE INITIAL

DATE OF BIRTH

SOCIAL SECURITY NUMBER

EMAIL ADDRESS

TELEPHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

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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.

_____/_____/_____
SIGNATURE OF HSA ACCOUNT HOLDER DATE

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