

Instructions: Complete and return to SelfcareHSA.

- Include supporting documentation such as marriage certificate, divorce decree, or court order and copy of identification card.
- Send to SelfcareHSA either by uploading a photo through your mobile application, fax, or mail

Support@SelfcareHSA.com

Fax: 208-938-455

SelfcareHSA, 5660 E Franklin Rd Ste 301, Nampa ID 83687

Call: 1-866-HSA-SELF (866-472-7353)

Change my:			
<input type="checkbox"/> Name	<input type="checkbox"/> Address	<input type="checkbox"/> Both	
Account Number			
Minimum of last 4 of account number			
Current Information			
First Name	Middle Initial	Last Name	
Social Security Number		Date of Birth	
Address	City	State	Zip
New Information			
First Name	Middle Initial	Last Name	
Physical Address		City	State Zip
Mailing Address		City	State Zip
Debit Card Order Request			
<input type="checkbox"/> Select box if you would like a new debit card with your updated name. <ul style="list-style-type: none"> • You will receive your new card in 8- 10 business days. 			
Signature			
<ul style="list-style-type: none"> • The change will take effect upon receipt of this signed form and accompanying required documentation. • I am the HSA owner, beneficiary, or legal individual authorized to sign this form. All information that I have provided is true and correct. I have not received any tax advice and have been advised to speak with a tax professional. I assume all responsibility for this request and hold SelfcareHSA, powered by Sunwest Bank harmless of any consequences. 			
Signature		Date:	