

Statement Change Request

Instructions: Complete and return to SelfcareHSA.

- Include a copy of identification.
- Send to SelfcareHSA either by uploading a photo through your mobile application, fax, or mail

Support@SelfcareHSA.com

Fax: 208-938-4556

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

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

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
Opt-In to Electronic Statements			
<input type="checkbox"/> Select box if you would like to receive your HSA monthly statements electronically. <ul style="list-style-type: none"> • There is no fee for this service 			
Opt-out of Electronic Statements			
<input type="checkbox"/> Select box if you would like to receive your HSA monthly statements in paper form. <ul style="list-style-type: none"> • A service charge of \$3 monthly will be applied to your account for this service. 			
Signature			
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:	