

Section 1: HSA Owner Information – PLEASE PRINT

First Name	MI	Last Name	
Social Security Number (Last 4 Digits)		Telephone Number (Day)	
Address Line 1 – Street Address			
Address Line 2			
City	State	ZIP Code	

Section 2: Attach Requested Documentation

Please include the documentation that was requested by PayFlex along with this form.
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Section 3: Signature

Authorized Signature 	Date
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Send this form and requested documents to one of the following:

Mail: PayFlex Systems USA, Inc.
HSA Operations
PO Box 3317
Carol Stream, IL 60132-3317

Fax: 402-943-1567

Email: hsacip@payflex.com

Be sure to send your documents securely.