

**Section 1: HSA Owner Information – PLEASE PRINT**

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

**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**

<b>Authorized Signature</b> 	<b>Date</b>
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**Return This Form and Requested Documentation to:**

**PayFlex Systems USA, Inc.  
HSA Operations  
13511 Label Lane, Ste 201  
Hagerstown MD 21740  
Fax to: 301-564-5192  
E-mail: [hsacip@payflex.com](mailto:hsacip@payflex.com)**