



HSA CUSTOMER INFORMATION

Name: _____

Address: _____

City, State & Zip: _____

Social Security Number: _____ Date of Birth: _____

Telephone Number: _____ Cell: _____

Mother's Maiden Name: _____

Email Address: _____

Employer: _____ Job Title: _____

Identification: Driver's License

State: _____ Number: _____

Issue Date: _____ Expiration Date: _____

Credit Card:

Type: _____ Visa _____ MC _____ AmEx _____ Discover _____ Expiration Date: _____

HSA – DESIGNATION OF BENEFICIARY

Primary: _____%

Name: _____

Social Security Number: _____ Date of Birth: _____

Address: _____

Relationship to HSA owner: _____

Primary or Contingent: _____ %

Name: _____

Social Security Number: _____ Date of Birth: _____

Address: _____

Type of Health Insurance Plan Coverage: _____ Self Only _____ Family

Check and/or debit card: _____ Number of debit cards needed? _____

Current HSA Information: Name of Company: _____

Address: _____

Account Number: _____