

# HSA Change of Personal Information Form

Mail or fax completed forms to:

**Address:** HealthEquity, Attn: Member Services  
15 W Scenic Pointe Dr, Ste 100, Draper, UT 84020  
**Fax:** 801.727.1005

**HealthEquity**<sup>®</sup>  
Building Health Savings<sup>™</sup>

Use this form to update/change your personal information on file with HealthEquity.

## Primary Account Holder Information (Please complete all fields)

<b>Old</b>	Last Name	First Name	M.I.	Date of Birth
	Street Address	City	State	ZIP
	E-mail Address (required)	Daytime Phone (     )	Last 4 of SSN or HealthEquity ID Number (6 or 7 digits)	

## Information to Update (Please complete the fields you would like updated on your account)

<b>New</b>	Last Name	First Name	M.I.	Date of Birth
	Street Address	City	State	ZIP
	E-mail Address (required)	Daytime Phone (     )	SSN	

## Important: Additional Documentation May Be Required

### Address Verification (when changing the address on file and requesting a new card)

The Red Flag Rule is a Federal Law set up to protect account holders from fraudulent activity on their account. Specifically, when an address is changed and a new card is requested. To protect our members in this situation, we ask that you please attach a copy of an address verification document such as a utility bill, a paystub, a bank statement (except your HealthEquity statement), a driver's license or a state issued identification card; anything printed that has the account holder name and new address.

### Name Change

To request a name change, please attach a copy of Marriage License, Divorce Decree, W2 or Social Security Card.

### Date of Birth Correction

To correct the DOB we have on file which we use for account authentication purposes, please attach a copy of Driver's License or State Issued ID card, Passport or Birth Certificate.

### Social Security Number Correction

To correct the SSN we have on file which is used for tax reporting and account authentication purposes, please attach a copy of a W2 or Social Security Card.

## New Card Request Authorization

For address verification or name change, if also requesting a new card, please initial here.

Note: Please destroy your old card as it will be permanently deactivated upon request of a new card.

Initials

## Change of Personal Information Authorization

By signing below, I authorize HealthEquity to update and change my personal account information which will be used for account authentication, sending account correspondence and tax reporting purposes.

I assume complete responsibility for ensuring that all of my personal information is correct and up to date.

Name (please print)	Signature	Date
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Please allow 2-3 business days to process your form. If a new card is requested, please allow an additional 7-10 business days for delivery.