

Health Savings Account (HSA) Name Change Form

Instructions: Complete this form to request a name change for an existing health savings account (HSA). Once completed, mail to the address below with one of the following documents to process your name change: marriage license, divorce decree, certificate of naturalization or court order.

PLEASE NOTE if you wish to update other information on your account such as Authorized Signers or Designation of Beneficiaries, you may do so online.

Mail completed form to:

HealthSavings Administrators/HSA xChange

P.O. Box 73688

North Chesterfield, VA 23235

Accountholder Current Information (Please print)

First Name _____ Last Name _____ M.I. _____

Street Address _____ Apt / Suite _____

City _____ State _____ ZIP Code _____

Social Security Number _____ **OR** Account Number _____

Accountholder New Information (Please print)

First Name _____ Last Name _____ M.I. _____

This is a new address.

Street Address _____ Apt / Suite _____

City _____ State _____ ZIP Code _____

Email Address _____

Primary Phone Number _____ Business Phone Number _____

Please issue a replacement Visa® debit card that reflects my name change. (A \$12 fee will be deducted from your account.)

Accountholder Authorization

I authorize FPSTrust to change the name on my account as listed above. I have attached legal documentation (marriage license, divorce decree, certificate of naturalization or court order) to verify my new legal name.

Accountholder Signature

Date (mm/dd/yyyy)

FOR OFFICE USE ONLY

Case Number _____