

Health Savings Account Name Change Form

Use this form to update your HSA to reflect a change in your name. If you have any questions about HSAs or completing this form, please contact Customer Service at (603) 647-1147 Ext 1.

Process:

1. Complete all sections of this form and provide a copy of proof of your name change (for example, certified copy of marriage license, adoption document, legal name change documentation, etc.).
2. Email, mail or fax completed form to:
Email: enrollmentdepartment@hrcts.com
Address: 111 Charles Street, Manchester, NH 03101
Fax: 1-866-978-7868

*Required Fields

Part I Original Profile Information			
*Consumer Name (First, MI, Last)		*Employer Name (If sponsored by an employer plan)	
*Birth Date (MM/DD/YYYY)	*Social Security Number	*Day Telephone	
*Address			
*City		*State	*Zip
Email Address			
Part II New Profile Information – Include documentation of your name change such as a certified copy of marriage license, adoption forms, formal name change documentation, etc. when submitting this form.			
*Consumer Name (First, MI, Last)			
*Address			
*State		*State	*Zip
Email Address			
Part III Debit Card Reorder Request			
Would you like to receive a new debit card to reflect your name change? <input type="checkbox"/> Yes <input type="checkbox"/> No			
*A \$5.00 fee may be applied to your account for your debit card reorder.			
Part IV Consumer Signature			
I agree to be bound by the terms and conditions of the Custodial Agreement and Cardholder Agreement with HRC Total Solutions. I acknowledge that changes specified on this form shall become effective as soon as administratively feasible upon the receipt of this form. I acknowledge that this form may be electronically signed, and I agree that the electronic signature(s) appearing on this document are the same as handwritten signatures for the purpose of validity, enforceability, and admissibility.			
*Consumer Signature		*Date	