



HR•Payroll•FSA•HRA•HSA•Commuter•COBRA

HSA ADDITIONAL DEBIT CARD REQUEST FORM

Instructions

1. Use this form to request an additional debit card(s) on your HSA.
2. Forward completed form to: **HRC Total Solutions** (HSA Administrator) at:
111 Charles St Manchester NH 03101 or fax to: **603-647-2329**.
3. If you have any questions regarding this form, please call **603-647-1147**.

Accountholder Information

Last Name	First Name	Middle Initial
<hr/>		
Social Security Number	Employee ID	

Additional Card Information

Card One

Name	Social Security Number
<hr/>	
Street Address	City/State/Zip Code
<hr/>	
Date of Birth (dependent must be 18 years of age or older to receive card)	Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent
	Full time student: <input type="checkbox"/> Yes <input type="checkbox"/> No

Card Two

Name	Social Security Number
<hr/>	
Street Address	City/State/Zip Code
<hr/>	
Date of Birth (dependent must be 18 years of age or older to receive card)	Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent
	Full time student: <input type="checkbox"/> Yes <input type="checkbox"/> No

Signature

I certify that I am the HSA Accountholder or an individual authorized to execute this transaction. I have read and understand the instructions and any rules or conditions relating to this transaction. I assume full responsibility for this transaction and will not hold HSA Administrator or Healthcare Bank, a division of Bell Bank liable for any adverse consequences that may result. I have not received tax or legal advice from HSA Administrator or Healthcare Bank and, if necessary, will seek the advice of a tax or legal professional to ensure my compliance with related laws. All information provided by me is true and correct and may be relied upon by HSA Administrator and Healthcare Bank. **I authorize the issuance of additional debit card(s) to the individual(s) listed above.**

Signature of HSA Accountholder	Date
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