



# Health Savings Account Additional Debit Card Request Form

Use this form to request an additional debit card for your spouse or any dependents. If you have any questions about HSAs or completing this form, please contact Customer Service at (603) 647-1147 Ext 1.

1. Complete all sections of this form.
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 Consumer 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
Part II Additional Card Information				
Please complete the following information for each additional debit card requested.				
* Spouse Name (First, MI, Last)		*Social Security Number	* Birth Date (MM/DD/YYYY)	
*Address	*City		*State	*Zip
* Dependent Name (First, MI, Last)		*Social Security Number	* Birth Date (MM/DD/YYYY)	
*Address	*City		*State	*Zip
* Dependent Name (First, MI, Last)		*Social Security Number	* Birth Date (MM/DD/YYYY)	
*Address	*City		*State	*Zip
Part III Consumer Consent				
I hereby give the information provided on this form is accurate. I understand that I am only able to request cards for dependents that are dependent to me as defined by IRC, and over the age of 18. I acknowledge that this form may be electronically signed, and I agree that the electronic signature appearing on this document is the same as my handwritten signature for the purpose of validity, enforceability, and admissibility.				
*Consumer Signature			*Date	