



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: Pro-Flex Administrators, LLC (HSA Administrator) at:
Pro-Flex Administrators, LLC, 8321 Main Street, Williamsville, NY 14221 or fax to: 716-929-2013 or toll free 1-855-214-8987.
3. If you have any questions regarding this form, please call 716-633-2073 or toll free 1-855-847-9069.

Accountholder Information

_____ Last Name	_____ First Name	_____ Middle Initial
_____ Social Security Number	_____ Employee ID	

Additional Card Information

Card One

_____ Name	_____ Social Security Number		
_____ Street Address	_____ City/State/Zip Code		
_____ 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		
_____ Street Address	_____ City/State/Zip Code		
_____ 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