

# Health Savings Account Information Change Notification Form



Use this form to change either your name or demographics on your HSA. If you have any questions about HSAs or completing this form, please contact Pro-Flex Administrators, LLC (HSA Administrator) at 716-633-2073.

**Process:**

1. Name Change – Complete Part I and Part II
2. Profile Change – Complete Part 1 and Part III
3. Email, mail, or fax completed form to:

**Email:** CSR@proflextpa.com

**Address:** Pro-Flex Administrators, LLC, 8321 Main Street, Williamsville, NY 14221

**Fax:** 716-929-2013

\*Required Fields

<b>Part I Accountholder Information</b>		
*Consumer Name (First, MI, Last)	*Employer Name (If sponsored by an employer plan)	
*Birth Date (MM/DD/YYYY)	*Social Security Number	*Day Telephone

\*Required Fields

<b>Part II Name Change</b>
<b>*Attach notarized marriage certificate or court order to verify legal name.</b>
New Name (Last, First, MI)

\*Required Fields

<b>Part III New Profile Information</b>		
*Address		
*City	*State	*Zip
Email Address		

<b>Part IV Consumer Signature</b>	
<p>I certify that I am the HSA Accountholder or an individual authorized to execute this transaction and authorize Pro-Flex Administrators, LLC and WEX Inc. to change the information related to my account as listed above. 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 Pro-Flex Administrators, LLC or WEX Inc. liable for any adverse consequences that may result. I have not received tax or legal advice from Pro-Flex Administrators, LLC or WEX Inc., 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 Pro-Flex Administrators, LLC. 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.</p>	
*Consumer Signature	*Date