

# 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 Pro-Flex Administrators, LLC at 716-633-2073.

**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:** [CSR@proflextpa.com](mailto:CSR@proflextpa.com)

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

**Fax:** 716-929-2013

\*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 will 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 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.	
*Consumer Signature	*Date