



Health Savings Account (HSA) Enrollment Verification Form

Section 1: HSA Owner Information – PLEASE PRINT

First Name	MI	Last Name	
Social Security Number (Last 4 Digits)		Telephone Number (Day)	
Address Line 1 – Street Address			
Address Line 2			
City		State	ZIP Code

Section 2: Attach Requested Documentation

Please include the documentation that was requested by PayFlex along with this form.
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Section 3: Signature

Authorized Signature 	Date
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Return This Form and Requested Documentation to:

PayFlex Systems USA, Inc.
HSA Operations
13511 Label Lane, Ste 201
Hagerstown MD 21740
Fax to: 301-564-5192
E-mail: hsacip@payflex.com