

**HEALTH SAVINGS ACCOUNT
Account Information Change Form**

Please complete the appropriate section for the changes requested. Fax completed form to (844) 560-6754 or email completed form to HSA-Support@americanfidelity.com.

Accountholder Information			
Name		Social Security #	
Employer Name (if applicable)		Date of Birth (mm/dd/yyyy)	
Email Address		Daytime Phone	

Change address and phone			
Old Address		City, State, Zip	
Daytime Phone		Home Phone	
New address		City, State, Zip	
Daytime Phone		Home Phone	

Change name - A copy of the marriage license, divorce decree or other legal document showing new name must be provided for the accountholder's name to be changed.	
Previous name	
New name	

I hereby authorize American Fidelity to make the above changes to my health savings account (HSA). If requesting a name change on the account, I have provided the requested documentation.

Signature of Accountholder

Date

