

Health Savings Account Account Design Change Form



HSA Owner Information:

Company Name _____

Name _____ Social Security Number _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ Email _____

1. Current Account Design: (Please select one)

Spender Saver

New Account Design: (Please select one)

Spender Saver

2. Current Per Pay Contribution (employee amount only) \$ _____

New Per Pay Contribution (employee amount only) \$ _____

Date of change request ____/____/_____

I hereby authorize Alliance Benefit Group to modify the design of my Health Savings Account as directed above. I understand that this change may alter any applicable fees.

Signature of HSA Owner

Date

For Spender/Saver status change please mail completed form to:

Alliance Benefit Group
Attn: HSA Department
PO Box 1226
Albert Lea, MN 56007

Or fax completed form to: 866.808.7823