



HEALTH SAVINGS ACCOUNT INFORMATION CHANGE NOTIFICATION FORM

Attach legal documentation to verify legal name.

Accountholder Information

_____ Last Name	_____ First Name	_____ Middle Initial
_____ Social Security Number	_____ Employer & Employee ID	

Name Change (Please attach notarized marriage certificate or court order to verify legal name)

_____ Last Name	_____ First Name	_____ Middle Initial
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Address/Telephone Number Change

Please Note: You can also update your address and telephone information online by logging into your Member Account at Surency.com.

Previous Information

_____ Last Name	_____ First Name	_____ Middle Initial	
_____ Mailing Address	_____ City	_____ State	_____ ZIP
_____ Home Address (if different)	_____ City	_____ State	_____ ZIP
_____ Telephone Number			

New Information

_____ Last Name	_____ First Name	_____ Middle Initial	
_____ Mailing Address	_____ City	_____ State	_____ ZIP
_____ Home Address (if different)	_____ City	_____ State	_____ ZIP
_____ Telephone Number			

Signature

I certify that I am the HSA Accountholder or an individual authorized to execute this transaction. I have read and understand the instructions and any rules or conditions relating to the transaction. I assume full responsibility for this transaction and will not hold Surency or WEX Inc. liable for any adverse consequences that may result. I have not received tax or legal advice from Surency or WEX Inc. and, if necessary, will seek the advice of a tax or legal professional to ensure my compliance with related laws. All the information provided by me is true and correct and may be relied upon by Surency and WEX Inc. I authorize Surency and WEX Inc. to change the information related to my account as listed above.

Signature of HSA Accountholder

Date

**Return completed form back to Surency at email: flex@surency.com - fax: 316-272-4841
or mail: P.O. Box 789773, Wichita, KS 67278-9773
866-818-8805 • Surency.com**