

Identification Verification Form



Complete and sign the form below.

Required verification information to be sent includes: Copies of your Social Security card and a valid government-issued photo ID (driver's license, state issued ID card, passport, or visa). If sending a copy of your passport or visa, or if your driver's license does not have your current address, we'll also need a utility bill from within the last 3 months displaying your current address.

Send this signed form, along with the required verification information, to one of the following:

Email: hsaforms@hsabank.com; Fax: 877-851-7041 (please copy the documents at 200% before faxing);

Mail: HSA Bank, P.O. Box 939, Sheboygan, WI 53082

If you have any questions, please call our Client Assistance Center at 800-357-6246, available 24/7.

Accountholder information:	
Accountholder name:	
Address:	
City, state, ZIP code:	
Account number:	
Confirm name and address above and please check the correct corresponding boxes:	
<input type="checkbox"/> No changes need to be made to my account. Included are copies of the following documents to verify my identity: Social Security card and valid government issued photo ID, or Social Security card, valid government-issued photo ID, and utility bill with current address.	
<input type="checkbox"/> Name is incorrect on account. Please use one of the below to update my name: <input type="checkbox"/> Marriage license <input type="checkbox"/> Divorce decree <input type="checkbox"/> Court documents	
<input type="checkbox"/> Home address is incorrect on account. Please use one of the below to update my home address: <input type="checkbox"/> Government-issued ID <input type="checkbox"/> Current utility bill	
<input type="checkbox"/> Mailing address is incorrect on account. Please use one of the below to update my mailing address: <input type="checkbox"/> Government-issued ID <input type="checkbox"/> Current utility bill	
I certify that the information provided and attached is accurate and request that any information provided previously be updated with the information here.	
Signature:	Date: