



Health Savings Account Information Authorization Form

Use this form to authorize another individual access to information regarding your HSA. If you have any questions about HSAs or completing this form, please contact SuperiorUSA at (877) 529-2477.

Process:

1. Email, mail or fax completed form to:
 - Email:** flexservices@superiorusa.com
 - Address:** SuperiorUSA, 525 Lake Ave. South, Suite 410, Duluth, MN 55802
 - Fax:** (218) 725-9161

*Required Fields

Part I Profile Information			
*Consumer Name (First, MI, Last)		*Employer Name (If sponsored by an employer plan)	
*Birth Date (MM/DD/YYYY)	*Social Security Number	*Day Telephone	
*Address			
*City		*State	*Zip
Email Address			

Part II Authorized Individual Information – I authorize HSA Administrator’s customer service representatives to provide information regarding my HSA, including but not limited to the balance and transaction history, to the individual named below.

I understand and agree that:

- the individual named below will **not** be authorized to perform my account maintenance; and
- this authorization pertains to information obtained from customer service only; and
- I am the sole individual authorized to access and maintain my account online.

*Authorized Individual Name (First, MI, Last)		
*Address		
*State	*State	*Zip
*Phone Number		

Part IV Consumer 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 this transaction. I assume full responsibility for this transaction and will not hold SuperiorUSA or WEX Inc. liable for any adverse consequences that may result. I have not received tax or legal advice from SuperiorUSA or WEX Inc., and, if necessary, will seek the advice of a tax or legal professional to ensure my compliance with related laws. All information provided by me is true and correct and may be relied upon by SuperiorUSA. I acknowledge that changes specified on this form shall become effective as soon as administratively feasible upon the receipt of this form. I acknowledge that this form may be electronically signed, and I agree that the electronic signature(s) appearing on this document are the same as handwritten signatures for the purpose of validity, enforceability, and admissibility.

*Consumer Signature	*Date
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