



Use this form to change either your name or demographics on your HSA. If you have any questions about HSAs or completing this form, please contact SuperiorUSA at (877) 529-2477.

Process:

1. Name Change – Complete Part I and Part II
2. Profile Change – Complete Part 1 and Part III
3. Email, mail or fax completed form to:

Email: flexservices@superiorusa.com

Address: SuperiorUSA, 525 Lake Ave. S, Suite 410, Duluth, MN 55802

Fax: (218) 725-9161

*Required Fields

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

*Required Fields

Part II Name Change
*Attach notarized marriage certificate or court order to verify legal name.
New Name (Last, First, MI)

*Required Fields

Part III New Profile Information		
*Address		
*City	*State	*Zip
*Marital Status		
* E-Mail Address		

Part IV Consumer Signature	
<p>I certify that I am the HSA Accountholder or an individual authorized to execute this transaction and authorize SuperiorUSA and WEX Inc. to change the information related to my account as listed above. 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.</p>	
*Consumer Signature	*Date