

# Name Change Request Form



**Instructions:** Use this form if requesting a name change.

**Required:** Please attach supporting documentation of the name change such as a copy of a marriage certificate, divorce decree, or a court order for the name change. If the proper documentation is not received, this form will not be processed and the name on file will remain as is.

Please complete and return this form with the proper documentation:

- Email to [hsaforms@hsabank.com](mailto:hsaforms@hsabank.com)
- Fax to 877-851-7041
- Mail to HSA Bank, P.O. Box 939, Sheboygan, WI 53082-0939

With any changes, please review your account information including authorized signers, beneficiaries and mailing address.

For assistance, please call the number on the back of your Cigna ID card.

Step 1: Current/Existing Information														
First Name:				MI:		Last Name:								
Full 9-Digit Social Security Number (required):							-							
Step 2: New Information														
First Name:				MI:		Last Name:								
Step 3: Debit Card Reorder Request														
Please check box if requesting a new debit card to reflect name change. <input type="checkbox"/>														
It will take 10-14 business days to receive the card, after the change is completed. The current card will still work until the new one is received. Refer to your debit card disclosure for more information.														
Step 4: Consumer Authorization														
You acknowledge that the changes specified on this form shall become effective upon the receipt, acceptance, and processing of this form by HSA Bank.														
Signature (required):						Date:								