

HSA Change of Personal Information Form

EMAIL, FAX or MAIL COMPLETED FORMS TO:

Email: hsaoperations@motivhealth.com Fax: 844.533.1289

Mail: MotivHealth, Attention: HSA Operations

PO Box 709718 Sandy, UT 84070-9718

Use this form to update/change your personal information on file with MotivHealth.

Primary Account Holder Information (Please complete all fields)

Old	Last Name	First Name	M.I.	Date of Birth
	Street Address	City	State	ZIP
	E-mail Address (required)	Daytime Phone ()	Last 4 of SSN or MotivHealth ID Number (6 or 7 digits)	

Information to Update (Please complete the fields you would like updated on your account)

New	Last Name	First Name	M.I.	Date of Birth
	Street Address	City	State	ZIP
	E-mail Address (required)	Daytime Phone ()	SSN	

Important: Additional Documentation May Be Required

Address Verification (when changing the address on file and requesting a new card)

The Red Flag Rule is a Federal Law set up to protect account holders from fraudulent activity on their account. Specifically, when an address is changed and a new card is requested. To protect our members in this situation, we ask that you please attach a copy of an address verification document such as a utility bill, a pay stub, a bank statement (except your MotivHealth statement), a driver's license or a state-issued identification card; anything printed that has the account holder name and new address.

Name Change

To request a name change, please attach a copy of Marriage License, Divorce Decree, W2, or Social Security Card

Date of Birth Correction

To correct the DOB we have on file, which we use for account authentication purposes, please attach a copy of Driver's License or State-Issued identification card, Passport, or Birth Certificate.

Social Security Number Correction

To correct the SSN we have on file, which is used for tax reporting and account authentication purposes, please attach a copy of a W2 or Social Security Card.

New Card Request Authorization

For address verification or name change, if also requesting a new card, please initial here.

Note: Please destroy your old card as it will be permanently deactivated upon request of a new card.

Initials

Change of Personal Information Authorization

By signing below, I authorize MotivHealth to update and change my personal account information which will be used for account authentication, sending account correspondence and tax reporting purposes.

I assume complete responsibility for ensuring that all of my personal information is correct and up to date.

Name (please print)	Signature	Date
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Please allow 2-3 business days to process your form. If a new card is requested, please allow an additional 7-10 business days for delivery.

