



##35PNC#####

Please complete this form and send it along with a copy of your **DURABLE** Power of Attorney documentation using the information below to request a Power of Attorney be added to your HSA.

PLEASE NOTE: Your DURABLE Power of Attorney documentation must permit authority over the HSA Account holder's financial matters in order for the documentation to be accepted.

IMPORTANT: Your Power of Attorney may be eligible for a debit card. In order for your Power of Attorney to receive a debit card, your Power of Attorney must be added as an Authorized User to your HSA. After receiving confirmation that your Power of Attorney documentation has been approved, please complete the HSA Authorized User Form



Fax completed form to:
855.588.1028



Mail completed form to:
WealthCare Saver
P.O. Box 162177
Altamonte Springs, FL 32716



Questions about this form?
Contact the number on the back of your debit card

Section 1: Account Information

ACCOUNT NUMBER (12 digits beginning with 601)

LAST NAME

FIRST NAME

MIDDLE INITIAL

EMPLOYER NAME

SOCIAL SECURITY NUMBER

EMAIL ADDRESS

TELEPHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

Section 2: Power of Attorney Agent Information

LAST NAME

FIRST NAME

MIDDLE INITIAL

DATE OF BIRTH

SOCIAL SECURITY NUMBER

EMAIL ADDRESS

TELEPHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

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Section 3: Signature of HSA Account Holder

I certify that I am the HSA account holder or an individual authorized to execute this action. I assume full responsibility for this action and will not hold WealthCare Saver* as Custodian, or any of its affiliates, liable for any adverse consequences that may result. I certify that I have not received any tax or legal advice from the Administrator or the Custodian, and, if necessary, will seek the advice of a tax professional or legal counsel to ensure my compliance with related laws.

SIGNATURE OF HSA ACCOUNT HOLDER

_____/_____/_____
DATE