

HSA Additional Debit Card Request Form

Instructions

1. Use this form to request an additional debit card(s) on your HSA.
2. Forward completed form to: **Erisa Trust Company** at: **1200 San Pedro Dr. NE, Albuquerque, NM 87110** or fax to: **(505) 244-6009**.
3. If you have any questions regarding this form, please call **(505) 216-7800**.

Accountholder Information

Last Name	First Name	Middle Initial
Social Security Number	Date of Birth	

Additional Card Information

Card One

Last Name	First Name	Social Security Number	
Street Address			
City	State	Zip	
Date of Birth	Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent	Full time student: <input type="checkbox"/> Yes <input type="checkbox"/> No	

(Dependent must be 18 years of age or older to receive card)

Card Two

Last Name	First Name	Social Security Number	
Street Address			
City	State	Zip	
Date of Birth	Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent	Full time student: <input type="checkbox"/> Yes <input type="checkbox"/> No	

(Dependent must be 18 years of age or older to receive card)

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 HSA Administrator or Healthcare Bank, a division of Bell Bank liable for any adverse consequences that may result. I have not received tax or legal advice from HSA Administrator or Healthcare Bank 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 HSA Administrator and Healthcare Bank. **I authorize the issuance of additional debit card(s) to the individual(s) listed above.**

Signature of HSA Accountholder _____ Date _____