

**Health Savings Account (HSA)
Address Change Request Form**

UMB Health Savings Account Number (Enter your 17-digit number found on your HSA statement - if available)

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NAME OF INDIVIDUAL HSA OWNER AS IT APPEARS ON ACCOUNT (PLEASE PRINT)	
SOCIAL SECURITY	DATE OF BIRTH

Old Address and Phone Number

ADDRESS (LINE 1)	
ADDRESS (LINE 2)	
CITY	
STATE	ZIP CODE
HOME PHONE NUMBER	WORK PHONE NUMBER

New Address and Phone Number

ADDRESS (LINE 1)	
ADDRESS (LINE 2)	
CITY	
STATE	ZIP CODE
HOME PHONE NUMBER	WORK PHONE NUMBER

I authorize UMB Bank to make the address and phone number changes shown above.

Signature of Account Owner	X	Date
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Return completed form to: Aptia
 PO BOX 424
 Escondido, CA 92033

E-mail: myflexbenefits@tri-ad.aptia365.com
Fax: (844)791-8319