Lifetime Benefit Solutions

HSA INFORMATION AUTHORIZATION FORM

Instructions

1. You can use this form to authorize another individual access to information regarding your HSA.
2. Forward completed form to: **Lifetime Benefit Solutions** at **PO Box 211126, Eagan, MN 55121** or fax to: **(877) 256-7228**.
3. If you have any questions regarding this form, please call **(800) 327-7130**.

Accountholder Information

Last Name	First Name	Middle Initial

Social Security Number	Employee ID and Employer (if applicable)

Authorized Individual Information

I authorize Lifetime Benefit Solutions' customer service representatives to provide information regarding my HSA, including but not limited to the balance and transaction history, to the individual named below.

I understand and agree that:
- the individual named below will **not** be authorized to perform my account maintenance;
- this authorization pertains to information obtained from customer service only; and
- I am the sole individual authorized to access and maintain my account online.

Last Name	First Name	Middle Initial

Telephone Number	Date of Birth

Street Address

City	State	Zip Code

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 Lifetime Benefit Solutions or WEX Inc. liable for any adverse consequences that may result. I have not received tax or legal advice from Lifetime Benefit Solutions or WEX Inc. 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 Lifetime Benefit Solutions and WEX Inc.

Signature of HSA Accountholder	Date