



##35PNC#####

# HSA Power of Attorney Form

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?**  
630-773-2337  
support@bbpadmin.com

## 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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