



Health Savings Account Information Authorization Form

This form is used to authorize another individual access to information regarding your HSA. Please forward the completed form to Flyte HCM by fax to 952.666.7454 or by email to claims@flytehcm.com. If you have any questions, please email claims@flytehcm.com or call 952.746.0000.

Accountholder Information

First Name MI Last Name Social Security Number *(required)*

Authorized Individual Information

I authorize Flyte HCM's 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.

First Name MI Last Name Date of Birth Social Security Number

Email Address Telephone Number

Street Address City State Zip Code

Mailing Address (PO Box, Apartment, Lot or Unit No.) City State Zip Code

Certification

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 Flyte HCM 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 Flyte HCM 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 Flyte HCM and Healthcare Bank.

Signature of Accountholder *Please be advised - unsigned forms cannot be processed.* Date