



December 8, 2025

[ACCOUNTHOLDER FULL NAME]
[STREET ADDRESS]
[CITY], [STATE] [ZIP_CODE]

Hello [FIRST NAME],

Thank you for applying for a Health Savings Account (HSA) with HSA Bank. You're one step away from completing your application for account «ACCTNO».

The USA Patriot Act requires verification of our customers' identity. Please complete and return the enclosed **Identification Verification Form** along with the **required documents listed below**. If we don't receive your documentation within 90 days, your HSA will be closed.

Required documents:

- A copy of your Social Security card and/or ITIN
- A copy of your valid government-issued ID (U.S. state- or territory-issued driver's license or ID card, passport or visa). Your ID must be current; expired IDs won't be accepted.
 - If you're sending a copy of a passport or visa, or if your driver's license doesn't show your current address, please include a utility bill from the past three months displaying your current address.

If you have any questions, please call our Client Assistance Center at **800-357-6246**, available **24/7**.

Sincerely,
Member Services
HSA Bank

Enclosures:

Identification Verification Form

Identification Verification Form



Complete and submit this form with the required documents:

- A copy of your Social Security card and/or ITIN
- A copy of your valid government-issued ID (U.S. state- or territory-issued driver's license or ID card, passport or visa). Your ID must be current; expired IDs won't be accepted.
 - If you're sending a copy of a passport or visa, or if your driver's license doesn't show your current address, please include a utility bill in your name from the past three months displaying your current address.

Send this signed form, along with the required verification information, to one of the following:

Online: Log in to your HSA, select Resources and in the Secure Document Upload section upload your documents.

You can upload up to five documents at one time.

Email: hsaforms@hsabank.com; Mail: HSA Bank, P.O. Box 939, Sheboygan, WI 53082

Call 800-357-6246 for assistance.

Accountholder Information:

Date: <i>December 8, 2025</i>
Accountholder name: « <i>ACCOUNTHOLDER_NAME</i> »
Address: « <i>ADDRESS</i> »
City, state, ZIP code: « <i>CITY</i> », « <i>STATE</i> » « <i>ZIP_CODE</i> »
Account number: « <i>ACCTNO</i> »
Employer:

Confirm Name and Address Above are Correct.

Please Check the Correct Corresponding Box below:

<input type="checkbox"/> My account information is correct. No changes need to be made to my account. I've included copies of my Social Security card and/or ITIN and valid government-issued ID (U.S. state- or territory-issued driver's license or ID card, passport or visa).	
<input type="checkbox"/> My name is incorrect. Update my name using a copy of one of the following documents: <input type="checkbox"/> Marriage license <input type="checkbox"/> Divorce decree <input type="checkbox"/> Court documents	
<input type="checkbox"/> My address is incorrect. Update my address using a copy of one of the following documents: <input type="checkbox"/> Government-issued ID <input type="checkbox"/> Utility bill dated within last three months	
I certify that the information provided and attached is accurate and request that any information provided previously be updated with the information here.	
Signature:	Date: