



STERLING HSA®
HEALTH SERVICES ADMINISTRATION

475 14th Street,
Suite 650
Oakland, CA 94612

P.O. Box
71107
Oakland, CA 94612

T: 1.800.617.4729
F: 1.877.517.4729
www.sterlinghsa.com

Health Savings Account Request for Account Change

Accountholder _____

Sterling HSA Account # _____

PLEASE CHANGE MY:	NEW CHANGES TO REFLECT ON MY ACCOUNT		
<input type="checkbox"/> ADDRESS			
	Address	City	State Zip
<input type="checkbox"/> CONTACT INFO			
	Email Address	Work Telephone	Home Telephone
<input type="checkbox"/> NAME			
	First Name	Middle Initial	Last Name
<input type="checkbox"/> HEALTH PLAN	<input type="checkbox"/> Family Plan		\$
	<input type="checkbox"/> Individual Plan		
	<input type="checkbox"/> New Health Plan <input type="checkbox"/> Family or Individual Plan? <input type="checkbox"/> Deductible Amount <input type="checkbox"/> Effective Date		
<input type="checkbox"/> FEE PLAN	<input type="checkbox"/> Standard Plan \$8.75 <input type="checkbox"/> Value Plan \$2.50		
	Change my monthly plan fee to:		
<input type="checkbox"/> DEPENDENTS	<input type="checkbox"/> Add <input type="checkbox"/> Remove		
	1. _____		
	2. _____		
	3. _____		
		Name	Date of Birth

Accountholder Signature _____

Date _____