

# HEALTH SAVINGS ACCOUNT REQUEST FOR ACCOUNT CHANGE



Accountholder \_\_\_\_\_

Sterling Account # \_\_\_\_\_

PLEASE CHANGE MY:	NEW CHANGES TO REFLECT ON MY ACCOUNT		
<input type="checkbox"/> <b>ADDRESS</b>	<div style="border: 1px solid black; padding: 5px;">                     Address _____ City _____ State _____ Zip _____                 </div>		
<input type="checkbox"/> <b>CONTACT INFO</b>	<div style="border: 1px solid black; padding: 5px;">                     Email Address _____ Work Telephone _____ Home Telephone _____                 </div>		
<input type="checkbox"/> <b>NAME</b>	<div style="border: 1px solid black; padding: 5px;">                     First Name _____ Middle Initial _____ Last Name _____                 </div>		
<input type="checkbox"/> <b>HEALTH PLAN</b>  Effective date: _____	<b>New Health Plan Name</b>  _____	<input type="checkbox"/> Family Plan  <input type="checkbox"/> Individual Plan	<b>Deductible Amount</b> \$ _____
<input type="checkbox"/> <b>FEE PLAN</b>	<b>Change my monthly plan fee to:</b> <input type="checkbox"/> Standard Plan \$8.75 <input type="checkbox"/> Value Plan \$2.50		
<input type="checkbox"/> <b>DEPENDENTS</b>	<input type="checkbox"/> Add <input type="checkbox"/> Remove  1. _____ 2. _____ 3. _____  <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Name</span> <span>Date of Birth</span> <span>Relationship</span> </div>		

Accountholder Signature \_\_\_\_\_

Date \_\_\_\_\_