

# HSA NEW / ADDITIONAL DEBIT CARD REQUEST

WE MAKE  
THE COMPLEX  
SIMPLE

- Use this form to request a new debit card or additional debit card(s) for your dependents on your Sterling account.
- Cards will be issued with the name of the accountholder or dependent(s) and mailed to the account holder address on file.
- Forward completed and signed form to: Sterling, PO Box 71107, Oakland, CA 94612. You may also fax the form to 1-877-517-4729 or scan and email to customer.service@sterlingadministration.com.
- With your Standard Plan account, there is no charge for the first two debit cards. There will be a \$10 per card charge if you need more than two cards.
- With your Value Plan account, there is a charge of \$5 per card for the first two debit cards. There will be a \$10 per card charge if you need more than two cards.
- If you have any questions, please call Sterling Customer Service at 1-800-617-4729.

## INFORMATION OF CURRENT ACCOUNTHOLDER

Please fill in your name, social security number, Sterling account number, and email address below. You must complete this information for all debit card requests whether they are for yourself or a dependent.

Last Name	First Name	Middle Initial	
Social Security Number	Sterling Account Number	Email Address	
Street Address	City	State	Zipcode

## REQUEST FOR ADDITIONAL DEBIT CARD(S)

Please order a new HSA debit card for the following people. I understand that the new card(s) will cancel any existing card(s) that I currently hold:

**Me, the HSA Accountholder**

**My Spouse** - include name, social security number, date of birth for this person below:

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**My Dependent** - include name, social security number, date of birth for this person below:

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**My Dependent** - include name, social security number, date of birth for this person below:

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**My Dependent** - include name, social security number, date of birth for this person below:

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

## AUTHORIZATION AND SIGNATURE

I certify that I am the authorized accountholder with Sterling. I understand that the requested card(s) will come in my name or the name of my dependent and all transactions on the card(s) will reflect debits to my HSA account with Sterling. All information provided by me is true and correct and my signature authorizes you to issue additional debit card(s) to the individual(s) listed above.

\_\_\_\_\_  
Signature of Sterling Accountholder

\_\_\_\_\_  
Date