



HSA CHANGE NOTICE

Please print clearly in blue or black ink. Sections must be fully completed before submission.

SECTION ONE – MEMBER INFORMATION	
PRIMARY MEMBER NAME (LAST NAME, FIRST NAME, MIDDLE INITIAL)	
SOCIAL SECURITY NUMBER	MEMBER NUMBER
SECTION TWO – CHANGE REQUEST	
Check the appropriate box below and fill in the required information:	
REMOVING AUTHORIZED SIGNER – Name of Authorized Signer Being Removed from the HSA: _____	
CHANGING HSA PLAN TYPE (select one of the following)	
FROM A SINGLE HSA PLAN TO A FAMILY HSA PLAN	
FROM A FAMILY HSA PLAN TO A SINGLE HSA PLAN	
SECTION THREE - SIGNATURE	
_____	_____
Primary Members Signature	Date

CONNEXUS CREDIT UNION USE ONLY		
HSA Change Notice Form	Date Received: _____	Received By: _____ Sent to Imaging: _____

Mailing Address:
 Connexus Credit Union
 PO Box 8026
 Wausau, WI 54402

Fax:
 715-847-4748
 715-847-4747

Phone Number:
 800-845-5025
 715-847-4700

Visit us online at: www.connexuscu.org