



## Health Savings Account (HSA) Blocked Account Verification Form

In accordance with the USA PATRIOT Act, federal law requires WEX Health, Inc. to obtain, verify and record information that identifies each individual or entity opening an account. Please complete the information below and submit copies of the necessary documentation to validate your identity to us via fax or mail. If you prefer, you may also email us at [customerservice@wexhealth.com](mailto:customerservice@wexhealth.com) and request to establish a secure email for submitting this information electronically.

\*=Required Fields

### Step 1: Account Holder Information

<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Employer Name (Do not abbreviate) <b>Note:</b> This field may be skipped if you are participating in an Individual HSA rather than an employer-sponsored HSA.	*Social Security Number
<input type="text"/>	<input type="text"/>
*Account Holder Name (First, MI, Last)	*Date of Birth (mm/dd/yyyy)
<input type="text"/>	
*Physical Address (Cannot be PO Box)	
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
*City	*State *Zip
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
*Email Address	*Day Telephone

### Step 2: Valid Identification Documentation

The following are acceptable forms of documentation for U.S. residents and U.S. resident aliens, depending on what we were unable to verify. Submit only one of the choices per item that requires verification and include all pages of the document. Submitted documents must match the information we were unable to verify and cannot be expired. If an expiration date isn't provided, the document must be within one year of the current date.

Submit one of the following forms if we were unable to identify:

<b>Name:</b>	<b>Address:</b>	<b>Date of Birth:</b>	<b>Social Security Number:</b>
Driver's License	Driver's License	Driver's License	Social Security Card
Social Security Card	State Identification	Passport	
Passport	Current Phone Bill	Birth Certificate	
Birth Certificate	Current Utility Bill	State Identification	
Marriage Certificate	Lease Agreement		
Divorce Decree	Homeowner's or Renter's Insurance		
Legal Name Change Certificate	Current Bank Statement		
State Identification	Change of Address		
Military ID	Home Title		
Current Phone Bill			
Current Utility Bill			

## Health Savings Account (HSA) Blocked Account Verification Form, Continued

Nonresident aliens may be eligible after providing the following items to WEX Health, Inc. along with this document. Please check the box and provide the below information if you are a nonresident alien requesting reconsideration to open an HSA.

I certify that I am a nonresident alien eligible to open a Health Savings Account, and I am enclosing the information below:

ITIN Card

Passport or U.S. Visa

