

Liberty Savings Bank  
Attn: HSA Department  
2323 Stickney Point Rd.  
Sarasota, FL 34231

# HSA Dependent Form



**Purpose:** Use this form to add/change a dependent for your existing HSA and order a debit card in their name. Dependents are not permitted to get information on your account or access it via the online portal.

Fax: 941.953.6006

## Personal Information of HSA Owner

Name (HSA Owner)

Social Security Number

Date of Birth

Account Number

(Numbers are 11 digits and begin with "999")

## Dependent Information

Complete this section to add or delete an authorized signer. The authorized signer must sign below if you are adding the authorized signer.

CHECK ONE

(or both, if applicable)

Add Dependent

Complete part A below

Remove Existing Dependent

Complete part B below

### A. Add New Dependent

Dependent Name

Soc Sec #

Date of Birth

Mailing Address

City

State

Zip

I want this dependent to receive a debit card to access funds on my HSA account:

Yes

No

(Note: Fees may apply for the dependent's card)

### B. Remove Existing Dependent

Dependent Name

Dependent Social Security Number

**HSA Owner Signature Statement:** I hereby authorize the person named above in Section 2: Add New Dependent Information as a dependent for my HSA. If a debit card was selected, I am a current HSA owner and understand that I remain subject to that Agreement. I hereby request that you remove any dependent designated in Section B, Remove Existing Dependent, above.

HSA Owner's Signature \_\_\_\_\_

Date \_\_\_\_\_

Please remember to review and name beneficiaries for your HSA. Use the HSA Beneficiary form to name and change beneficiaries.