



Instructions: Complete this form to update your address.

PLEASE NOTE that you can make this change online at HealthSavings.com.

Mail or fax completed form to:

Health Savings Administrators

10800 Midlothian Turnpike, Suite 240 • Richmond, VA 23235

Fax: 804.726.1570

Account Holder Information

First Name _____ Last Name _____ M.I. _____

Customer Verification (Social Security Number or Account Number Required)

Social Security Number _____ - _____ - _____ **OR** Account Number _____

Old Address

Street Address _____ Apt / Suite _____

City _____ State _____ ZIP Code _____

P.O. Box Address _____

P.O. Box City _____ P.O. Box State _____ P.O. Box ZIP Code _____

New Address

Preferred Mailing Address: Street Address P.O. Box

Street Address _____ Apt / Suite _____

City _____ State _____ ZIP Code _____

P.O. Box Address _____

Phone Number _____ Business Phone Number _____

Email _____

Signature (Required)

____ / ____ / ____
Date (mm/dd/yyyy)

This form will only change your information at FPS Trust. Remember to change your information with your health plan representative, investment advisor and/or broker.