



**STERLING HSA**<sup>®</sup>  
HEALTH SERVICES ADMINISTRATION

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# Health Savings Account Request for Account Change

Account Holder: \_\_\_\_\_

Sterling HSA Account #: \_\_\_\_\_

Please Change My:		New Changes to Reflect on My Account:		
<input type="checkbox"/> ADDRESS	Address		City	State      Zip
<input type="checkbox"/> CONTACT INFO	Telephone #	Email Address		
<input type="checkbox"/> NAME	First Name	M.I.	Last Name	
<input type="checkbox"/> HEALTH PLAN	<b>NEW HEALTH PLAN</b>	<b>ANNUAL DEDUCTIBLE AMOUNT</b> <i>(Please check Single or Family Coverage and enter the deductible amount you carry.)</i>		<b>Effective Date of Health Plan</b>
	<b>Anthem Blue Cross HDHP</b>	<input type="checkbox"/> Single Coverage <input type="checkbox"/> Family Coverage	Amount \$3,000 / \$6,000	/      /
<input type="checkbox"/> PLAN FEE	<b>Change my monthly plan fee to:</b> <input type="checkbox"/> Standard Plan \$8.75 <input type="checkbox"/> Value Plan \$2.50			
<input type="checkbox"/> DEPENDENTS	<b>ADD/REMOVE</b>	<b>NAME</b>	<b>DATE OF BIRTH</b>	<b>RELATIONSHIP</b>
	<input type="checkbox"/> Add <input type="checkbox"/> Remove			
	<input type="checkbox"/> Add <input type="checkbox"/> Remove			
	<input type="checkbox"/> Add <input type="checkbox"/> Remove			

Account Holder Signature: \_\_\_\_\_

Date: \_\_\_\_\_