

## HEALTH SAVING ACCOUNT (HSA) ACCESS FORM

Name: \_\_\_\_\_

SelectAccount or Social Security Number: \_\_\_\_\_

Employer Name: \_\_\_\_\_

- I do not wish to have my HSA account accessed for any claims processed by SelectAccount. This includes claims received manually or from BCBS of Minnesota through the Crossover feature.
- I authorize SelectAccount to have my HSA account accessed for any claims processed by SelectAccount. This includes claims received manually from BCBS of Minnesota through the Crossover feature.

I understand that SelectAccount will process claims in accordance to my decision. If I choose at any time during the plan year to change my preference, I can do so by submitting a new HSA Account Access form to SelectAccount.

\_\_\_\_\_  
Signature of Account Holder

\_\_\_\_\_  
Signature Date

**Please return your completed/signed form to:**

SelectAccount  
P. O. Box 64193  
St. Paul, MN 55164-0193  
Fax (651) 662-7247 / (866) 231-0214