



Health Savings Account (HSA) Re-open Request Form

Form Instructions: Please use this form to request a closed ConnectYourCare (CYC) HSA to be re-opened. Please fully complete the form and follow the submission instructions below. This form cannot be processed without a valid account number.

A separate rollover or contribution form will need to be submitted to contribute to the account.

STEP 1: Account Holder Information

| | | | | |
|--|--------------|--|----------------------|-----------|
| First Name: | Middle Name: | Last Name: | | |
| Permanent Address: | | City: | State: | Zip Code: |
| Date of Birth: | | Daytime Phone: | | |
| Account Number: (12 digits from your Welcome Kit or statement. Not your card number.) | | Social Security Number: (Only Last 4 Digits Required) | <u>XXX/XX/</u> _____ | |

STEP 2: Request and Reason

| | |
|-----------------|---------|
| ___ Re-open HSA | Reason: |
|-----------------|---------|

STEP 3: Authorization

By submitting this request, I authorize ConnectYourCare, LLC to reopen my ConnectYourCare HSA, and I agree to the custodial agreement, terms and conditions, interest and fee schedule, and other disclosures currently applicable. I understand that the submission of this form does not automatically reopen my HSA and that ConnectYourCare reserves the right to deny this request or otherwise require additional information confirming or verifying my identity or account information. I authorize that I am the true owner of this account and that all information provided by me on this request is true and accurate. I understand that I am responsible for any tax consequences of this action and I will not seek to hold ConnectYourCare responsible for such tax consequences should any occur.

| | |
|---------------------------|-------|
| Account Holder Signature: | Date: |
|---------------------------|-------|

How to Submit:

Please mail the completed form to: ConnectYourCare, PO BOX 85960, 6300 Wayne Road, Westland, MI 48185

OR

Upload the completed, signed form as a PDF document to <https://forms.optumfinancial.com>

