STERLING HSA®
HEALTH SERVICES ADMINISTRATION

475 14th Street,
Suite 650
Oakland, CA 94612

P.O. Box
71107
Oakland, CA 94612

T: 1.800.617.4729
F: 1.888.410.7361
www.sterlinghsa.com

Health Reimbursement Arrangement New / Additional Debit Card Request

- Use this form to request a new debit card or additional debit card(s) for your dependents on your Sterling Health Reimbursement Arrangement (HRA) account.
- Cards will be issued with the name of the participant or dependent(s) and mailed to the participant's address on file.
- Forward completed and signed form to: Sterling HSA, PO Box 71107, Oakland, CA 94612. You may also fax the form to 1-877-517-4729 or email to customer.service@sterlinghsa.com. Add the last four digits of your social security number in the email for verification.
- There is no charge for the first two debit cards on your account. There will be a $10 per card charge if you need more than two cards.
- If you have any questions, please call Sterling HSA Customer Service at 1-800-617-4729.

Information of Current Participant

☐ *Please order a new debit card for me. I understand the new card will cancel my existing card if I currently hold one.*

Last Name | First Name | Middle Initial

Social Security Number | Sterling HRA Account # | Email Address

Request for Additional Debit Card(s)

☐ *Please order a new debit card for my dependent. I understand the new card will cancel any existing card if I currently hold one.*

Name | Social Security Number

☐ Spouse ☐ Dependent

Date of Birth | Relationship

Authorization and Signature

I certify that I am the authorized participant in my employer's Health Reimbursement Arrangement through Sterling HSA. I understand that the requested card(s) will come in my name or the name of my dependent and all transactions on the card(s) will reflect debits to my Health Reimbursement Arrangement account. All information provided by me is true and correct and my signature authorizes you to issue additional debit card(s) to the individual(s) listed above.

Signature of Sterling HSA Accountholder | Date

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