OPTUMHealth Bank℠

Request for Additional Debit Card – Authorized User

To request an additional Health Savings Account Debit MasterCard® for an authorized user for your account, please complete and return this form to the address or fax below. The authorized user will receive a debit card with the name you provide below. You must provide this data for each additional card requested. Only the account holder may request additional debit cards.

PART 1: OptumHealth Bank Contact Information

By Mail:
OptumHealth Bank
P.O. Box 30777
Salt Lake City, UT 84130

By Fax:
1-800-765-6766

Questions?
Please refer to the phone number on the back of your Debit Card.

Customer Service Professionals are available from 8:00 a.m. to 8:00 p.m. Eastern time to assist you.

PART 2: OptumHealth Bank Account Information

9-Digit Bank Account Number:

Account Holder Name:

Group Id Number:

State of Residency:

PART 3: Authorized User Information – Debit Card

Name of Authorized User:

Authorized User's Social Security #:

Authorized User's Date of Birth:

Name of Authorized User:

Authorized User's Social Security #:

Authorized User's Date of Birth:

Name of Authorized User:

Authorized User's Social Security #:

Authorized User's Date of Birth:

PART 4: Account Holder Authorization

I authorize OptumHealth Bank to issue a debit card to my spouse or dependent named below. The card can be used to make withdrawals from my account.

I understand that the individual named below will be an authorized user of my debit card, and that I will be liable for all charges made by the authorized user.

X

Signature of Account Holder

Date

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