10275 W. Higgins Road, Suite 500
Rosemont, IL 60018
888-FLEXHSA - Phone
847-440-9063 - Fax
flexhsa@flexiblebenefit.com - Email
**www.flexhsa.com**

# CHANGE OF ADDRESS REQUEST

## A ACCOUNT INFORMATION

Account Holder's Name: _____

FlexHSA Account Number: _____

Social Security Number: _____ Date of Birth: _____

## B PREVIOUS ADDRESS AND PHONE NUMBER

☐ Residential Address
☐ Mailing Address

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ E-mail: _____

## C NEW ADDRESS AND PHONE NUMBER

☐ Residential Address
☐ Mailing Address

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ E-mail: _____

*(Please note: we will send you a confirmation receipt of the change to both the new and previous address.)*

## D ACCOUNT HOLDER'S SIGNATURE

Account Holder's Signature: _____ Date: _____

**Please return all forms to:**
Flexible Benefit Service Corporation
10275 W Higgins Suite 500
Rosemont IL 60018
**Attn: FlexHSA Processing**