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