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Rosemont, IL 60018
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INVESTMENT ELECTION FORM

A ACCOUNT INFORMATION

Account Holder's Name: _____

FlexHSA Account Number: _____

Social Security Number: _____ Phone Number: _____

Email Address: _____

B TRANSFER INSTRUCTIONS

Add Investment Features to My Account - an additional fee of \$8 will be charged to your account.

C ACCOUNT HOLDER'S SIGNATURE

FlexHSA 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