

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 care professionals are available from 8:00 a.m. to 7:00 p.m. Eastern time to assist you.

PART 2: OptumHealth Bank Account Information

Bank Account Number:

Account Holder Name:

PART 3: 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

PART 4: 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: