

AUTHORIZATION TO DISCLOSE HEALTH SAVINGS ACCOUNT (HSA) INFORMATION

HSA OWNER INFORMATION (REQUIRED)

I, _____, authorize Deseret Mutual Benefit Administrators (DMBA), its business associates to disclose my
HSA OWNER FULL NAME

HSA information as outlined under *Information Authorized* (below) to the following person(s):

1. Full name: _____ Birth date: _____
2. Full name: _____ Birth date: _____
3. Full name: _____ Birth date: _____

INFORMATION AUTHORIZED

- **General account information**, such as addresses, phone numbers, beneficiaries, dependents, reports, and tax forms.
- **Account financial information**, such as account balance, transaction history, payment summaries, and contributions.
- **Card maintenance and distribution information**, such as which debit cards are linked to and maintained on the account and instructions about distribution methods.
- **Claim and health information**, such as protected health information (PHI) used to help with claims or benefit-related concerns.

NOTE: This authorization does not give complete account access to the authorized individuals. Certain actions, requests, and services can only be performed by the account owner.

REVOCAION OF HSA ACCESS

By completing this section and submitting the form to DMBA, I hereby revoke authorization to my HSA for the following individual(s):

1. Full name: _____ Birth date: _____
2. Full name: _____ Birth date: _____

I may also revoke authorization by signed and dated letter to DMBA, Attn: Member Services–Member Support, P.O. Box 45530, Salt Lake City, UT 84145.

Revocation becomes effective only after it is received and processed by DMBA. The revocation will not apply to use and/or disclosure of HSA information that occurs before the written revocation request is received and processed by DMBA.

HSA OWNER OR PERSONAL REPRESENTATIVE SIGNATURE

I certify the above information is true and complete. I have a right to receive a copy of this authorization. Any information used or disclosed pursuant to this authorization may be subject to redisclosure and may, therefore, no longer be protected by privacy regulations. **If you are signing on the account owner's behalf, attach documentation demonstrating your authority (e.g., power of attorney, guardianship, conservatorship, etc.).**

I am the: HSA owner Personal representative

HSA owner DMBA ID number: _____ Signer relationship if not HSA owner: _____

Signer name: _____ Signer email: _____ Signer phone: _____

Signature: _____ Date signed (MM/DD/YY): _____

Please return this completed form to enrollmenthelp@dmba.com. You may also mail it to DMBA, Attention: Member Services, P.O. Box 45530, Salt Lake City, UT 84145-0530 or fax it to 801-578-5933. For questions, visit www.dmba.com or call us at 801-578-5600 or 800-777-3622.