

# Power of Attorney Form

REV2-1538 (5/22)



**PLEASE PRINT CLEARLY**

**\* This information is mandatory.** Form processing may be delayed if fields with an asterisk are not filled out.

## Instructions

1. Complete all sections of this form
2. Signatures must be notarized
3. Securely email, mail, or fax completed form to:  
Secure Email: BenefitHelpSolutionsCDHSupport@healthaccountsolutions.com  
Address: BenefitHelp Solutions, PO Box 2823, Fargo, ND 58108  
Fax: (855) 778-9837
4. If you have any questions about completing this form, please contact BenefitHelp Solutions Consumer Services at (855) 378-0197.  
We have representatives available Monday-Friday, 7:00 am to 7:00 pm CST.

## Section 1 Account holder information

* Consumer first name	M.I.	* Last name	* Date of birth ____ / ____ / ____	* Social Security number	
* Mailing address			* City	* State	* ZIP
* Physical address			* City	* State	* ZIP
* Email address			* Contact phone number		
* Employer name (If sponsored by an employer plan)					

## Section 2 Attorney-in-fact information

* Power of attorney first name	M.I.	* Last name	* Social Security number		
* Birth date		* Phone number			
* Permanent address		* City	* State	* Zip	

BenefitHelp Solutions is hereby authorized to recognize the signature subscribed below in the payment of funds or transactions of any business for this account. All transactions shall be governed by applicable laws and the Health Savings Account Custodian Agreement. To the extent allowed by law, this authorization shall survive my disability or incapacity, and shall remain in effect until BenefitHelp Solutions receives written notice of revocation and a reasonable opportunity to act on such notice. BenefitHelp Solutions will require the named attorney-in-fact to provide information as authentication if/when requesting information via an account specialist representative.

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## Section 3 Signatures

By signing below, I authorize the attorney-in-fact identified above to perform any act I may perform pursuant to my HSA Custodial Agreement with BenefitHelp Solutions and WEX Inc. This Power of Attorney is effective upon my signing. This authorization includes, for example, the ability to: (1) endorse, cash, or deposit checks or other items payable to my order, (2) withdraw funds from this account via any means allowed for this account, including but not limited to checks, ACH and wire transfers; and (3) give instructions for the handling of any and all matters in connection with this account. I understand the powers I give to my attorney-in-fact, and any limitations on those powers are between the attorney-in-fact and me, even if BenefitHelp Solutions have express written notice of those powers. I agree to hold BenefitHelp Solutions and WEX Inc., harmless and be responsible for any damages or costs incurred due to my HSA Administrator's reliance on this Power of Attorney.

* Signature of account holder	* Date
* Signature of attorney-in-fact	* Date

**\*This form is not valid unless both the account holder and attorney-in-fact signatures are obtained and obtained on the same date.**

## NOTARY SIGNATURE

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me appeared, \_\_\_\_\_ who, being duly sworn, did say that he/she is the account holder named in the foregoing power of attorney form.

Notary public	Commission expiration date
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*(Notary public stamp or seal)*

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## Section 4 Revocation of power of attorney

I hereby revoke the appointment of the above-named attorney-in-fact and have notified them of this change. I understand that BenefitHelp Solutions and WEX Inc. may charge the account for the amount of any check or pre-authorized transactions dated on or before this date if they have been authorized by my attorney-in-fact.

* Signature of account owner	* Date
* Signature of attorney-in-fact	* Date

\***This form is not valid unless both the account holder and attorney-in-fact signatures are obtained and obtained on the same date.**

### NOTARY SIGNATURE

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me appeared, \_\_\_\_\_ who, being duly sworn, did say that he/she is the account holder named in the foregoing power of attorney form.

Notary public	Commission expiration date
---------------	----------------------------

*(Notary public stamp or seal)*