



# Fidelity HSA® and NetBenefits AccessCard® Additional Debit Card Application

Use this form to request additional Fidelity HSA® or NetBenefits AccessCard® debit cards for your spouse and/or eligible dependents to use for payment of qualified medical expenses from your Fidelity HSA, or, if applicable, eligible expenses as defined in your employer's benefit plan. Type on screen or fill in using CAPITAL letters and black ink.

**Please note:** If you have a NetBenefits AccessCard, your eligible spouse or dependents that receive an additional debit card will have access to your Fidelity HSA and all of the benefits accessible to you through your card, which may include Reimbursement Accounts.

## 1. HSA Account Owner

Do NOT provide your HSA Debit Card Number in the Account Number field.

HSA Owner Name	Fidelity HSA Number

## 2. Additional Debit Cardholder Information

Up to four additional debit cardholders may be added to your account. Each additional debit cardholder must be at least 18 years old and a Social Security number/Taxpayer ID Number (SSN/TIN) must be provided for proper card setup and usage. Each debit card must have a different SSN/TIN. If you do not have an SSN/TIN for any additional debit cardholder, please call us at 800-544-3716.

Enter full first and last name as evidenced by a government-issued, unexpired document (e.g., driver's license, passport, permanent resident card).

First Name	Middle Name	Last Name
Date of Birth MM DD YYYY	Social Security or Taxpayer ID Number	Relationship to Account Owner

### Additional Debit Cardholder Information

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### 3. Signatures and Dates *Form cannot be processed without signatures and dates.*

By signing below, you acknowledge that you agree to abide by the terms and conditions set forth in the Fidelity HSA card agreement and disclosure statement, or, if applicable, the Fidelity NetBenefits AccessCard agreement and disclosure statement, which you will receive with the card, and which may be amended by Fidelity at any time.

You acknowledge that this account is governed by a Predispute Arbitration Clause, which appears at the end of this form, and you acknowledge that you have received a copy of this clause.

PRINT HSA OWNER NAME

HSA OWNER SIGNATURE

DATE MM/DD/YYYY

SIGN

X

X

**Did you sign the form?**

Send the form to Fidelity Investments.

**Questions?** Go to [Fidelity.com](http://Fidelity.com) or call 800-544-3716.

**Regular mail**

Fidelity Investments  
PO Box 770001  
Cincinnati, OH 45277-0002

**Overnight mail**

Fidelity Investments  
100 Crosby Parkway KC1K  
Covington, KY 41015

On this form, "Fidelity" means Fidelity Brokerage Services LLC and its affiliates. Brokerage services are provided by Fidelity Brokerage Services LLC, Member NYSE, SIPC. 455402.10.0 (10/21)