



# Health Savings Account Authorization to Release Information

## 1. Information about authorization

**Information Released:** The form authorizes the release of Health Savings Account information to the named representative(s). The information released to listed authorized person(s) may include information relating to balances, investment allocations, contributions, or withdrawals. Discovery Benefits will not release website login information or other information that would give another individual access to online account maintenance features. The choice to share website login information is up to the account holder.

**Restricting Authorization:** If you want to restrict the information that the authorized person(s) may receive, indicate those restrictions on this form. You will be notified if we are unable to agree with the restriction requested.

**Expiration/Revocation:** This authorization will expire 12 months from the date it is signed. If you wish to revoke authorization, please contact Discovery Benefits. Please notify us of any changes to the information provided on this form.

## 2. Account Holder/Participant Information

-  -   
Employer (if applicable) Social Security Number

Account Holder/Participant Name Date of Birth

Address

City State Zip

-  -    
Day Telephone E-mail Address

## 3. Authorized Persons

**1**   -  -   
Name of Authorized Person Day Telephone

Address City State Zip

Relationship to You

**2**   -  -   
Name of Authorized Person Day Telephone

Address City State Zip

Relationship to You

## 4. Signature & Authorization

Employee Signature Date