



Rollover Account Signature Form

**For use in moving an existing HSA account to American Health Value.
You will also need to complete an HSA Application (attached).
Completed forms can be faxed to: (208) 331-2651**

Date: _____

Name: _____

Phone: () _____ Email: _____

Company Name (if part of employer group): _____

Group Contact: _____

Phone Number: () _____ Email: _____

Name of Current HSA Bank/Administrator: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: () _____ Fax: () _____

Please transfer my Health Savings Account # _____ to:

American Health Value, LLC
P.O. Box 8063
Boise, ID 83707-2063

or:

Street Address:
671 E. Riverpark Lane, Suite 100
Boise, ID 83706

Name (Please Print)

Signature

Date

**Need Assistance with your Rollover?
Contact our HSA Specialists!**



800-914-3248
info@AmericanHealthValue.com

