

Health Savings Account (HSA) Blocked Account Verification Form

In accordance with the USA PATRIOT Act, federal law requires Mercer Marketplace to obtain, verify and record information that identifies each individual or entity opening an account. Please complete the information below and submit copies of the necessary documentation to validate your identity to us via fax at 855-717-6571 or email at forms@serviceaccount.com.

Note: If you are submitting any changes to your name, date of birth, social security number (SSN) or address, you will also need to make that change with your employer.

*=Required Fields

Step 1: Participant Information

*Employer Name (Do not abbreviate)

*Social Security Number

*Account Holder Name (First, MI, Last)

*Date of Birth (mm/dd/yyyy)

*Physical Address (Cannot be PO Box)

*City

*State *Zip

*Email Address

*Day Telephone

Step 2: Valid Identification Documentation

The following are acceptable forms of documentation for U.S. residents and U.S. resident aliens, depending on what we were unable to verify. Submit only one of the choices per item that requires verification and include all pages of the document. Submitted documents must match the information we were unable to verify and cannot be expired. If an expiration date isn't provided, the document must be within one year of the current date.

Submit one of the following forms if we were unable to identify:

Name:

Driver's License
 Social Security Card
 Passport
 Birth Certificate
 Marriage Certificate
 Divorce Decree
 Legal Name Change Certificate
 State Identification
 Military ID
 Current Phone Bill and Current
 Utility Bill

Address:

Driver's License
 State Identification
 Current Phone Bill
 Current Utility Bill
 Lease Agreement
 Homeowner's or Renter's Insurance
 Current Bank Statement
 Change of Address
 Home Title

Date of Birth:

Driver's License
 Passport
 Birth Certificate
 State Identification

Social Security Number:

Social Security Card

Nonresident aliens may be eligible after providing the following items to Mercer Marketplace along with this document. Please check the box and provide the below information if you are a nonresident alien requesting reconsideration to open an HSA account.

I certify that I am a nonresident alien eligible to open a Health Savings Account, and I am enclosing the below information:

1. ITIN Card
2. Passport or U.S. Visa

