



**HSA-CUSTOMER VERIFICATION FORM  
PERU ELEMENTARY SCHOOL DISTRICT 124**

NAME \_\_\_\_\_

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

OCCUPATION \_\_\_\_\_

DRIVERS LICENSE or ID # \_\_\_\_\_

ISSUE DATE \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

STATE ISSUED \_\_\_\_\_

**(Please attach copy)**

**PLAN TYPE: Please check one**      SELF \_\_\_\_\_ FAMILY \_\_\_\_\_

*If Family Plan is noted, please indicate if an additional HSA Debit Card is needed  
for your spouse.*      YES \_\_\_\_\_ NO \_\_\_\_\_

*Spouse's Name* \_\_\_\_\_

**BENEFICIARY:**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE