

POWER OF ATTORNEY REQUEST

Voya Benefits Company, LLC
A member of the Voya® family of companies
Customer Service: PO Box 929, Manchester, NH 03105
Phone: 833-232-4673; Fax: 855-370-0670; Email: HASInfo@voya.com



Health Account Solutions, including Health Savings Accounts, Flexible Spending Accounts, Commuter Benefits, Health Reimbursement Arrangements, and COBRA Administration offered by Voya Benefits Company, LLC (in New York, doing business as Voya BC, LLC). Custodial services provided by an approved HSA custodian as indicated in the applicable custodial agreement. For all other products, administration services provided in part by WEX Health, Inc.

STEP 1: ACCOUNT HOLDER INFORMATION

Consumer Name (Required) (First) _____ (Last) _____

Employer Name (Required) _____

Birth Date (mm/dd/yyyy) (Required) _____ Social Security Number (SSN) (Required) (Last 4 digits only.) _____

Daytime Phone (Required) _____ Email _____

Permanent Address (Required) _____

City _____ State _____ ZIP _____

STEP 2: ATTORNEY-IN-FACT INFORMATION


Power of Attorney Name (Required) (First) _____ (Last) _____

SSN (Required) _____

STEP 3: ATTORNEY-IN-FACT AUTHORIZATION

Voya Financial is hereby authorized to recognize the signature subscribed below in the payment of funds or transactions of any business from this account. All transactions shall be governed by applicable laws and the Healthcare Bank Custodial Agreement. Voya Financial will require the named Attorney-in-Fact to provide information as authentication if/when requesting information via an Account Specialist representative.

To the extent allowed by law, this authorization shall survive the account owner's disability or incapacity and remain in effect until Voya Financial receives written notice of revocation and has a reasonable opportunity to act on such notice, or this authorization will cease upon death of the account owner.

 Attorney-in-Fact Signature (Required) _____ Date (Required) _____

This form is not valid unless both the Account Holder and Attorney-in-Fact signatures are obtained and obtained on the same date.

STEP 4: ACCOUNT HOLDER SIGNATURE

By signing below, I authorize the attorney-in-fact identified above to perform any act I may perform pursuant to my account agreement with Voya Financial. This authorization includes, for example, the ability to: (1) endorse, cash, or deposit checks or other items payable to my order; (2) withdraw funds from this account via any means allowed for this account (including, but not limited to, debit card, Internet transactions, wire transfers, etc.); and (3) give you instructions for the handling of any and all matters in connection with this account. I understand the powers I give to my attorney-in-fact, and any limitations on those powers are between the attorney-in-fact and me, even if Voya Financial has expressed written notice of those powers. For example, if I only give my attorney-in-fact authority to pay my bills and my attorney-in-fact exceeds that authority, Voya Financial is not responsible for that breach of authority. I agree to hold Voya Financial harmless and be solely responsible for any and all damages or costs, without limitation, that Voya Financial incurs due to Voya Financial reliance on this Power of Attorney.

 Account Holder Signature *(Required)* _____ Date *(Required)* _____

This form is not valid unless both the Account Holder and Attorney-in-Fact signatures are obtained and obtained on the same date.

Notary Signature

On this _____ day of _____, 20_____, before me appeared, _____
who, being duly sworn, did say that he/she is the Account Holder named in the foregoing Power of Attorney Request.


 Notary Public Signature _____ Commission Expiration Date _____

(Notary Public Stamp or Seal)

STEP 5: REVOCATION OF POWER OF ATTORNEY

I hereby revoke the appointment of the above-named Attorney-in-Fact and have notified them of this change. I understand the bank may charge the account for the amount of any request or pre-authorized transactions dated on or before this date if they have been authorized by my Attorney-in-Fact.

 Account Owner Signature _____ Date _____

 Attorney-in-Fact Signature _____ Date _____

Mail or fax the completed form to:

Voya Financial, PO Box 929, Manchester, NH 03105; Fax: 855-370-0670.

Questions? Call Customer Service at 833-232-4673 (Live customer support 24x7).