

Statement Delivery Change Request

Use this form to change the delivery method of your monthly OptumHealth Bank account statement.

PART 1: OptumHealth Bank Contact Information

By Mail:

OptumHealth Bank
P.O. Box 30777
Salt Lake City, UT 84130

By Fax:

1-800-765-6766

Questions?

Please refer to the phone number on the back of your Debit Card.

Customer care professionals are available from 8:00 a.m. to 7:00 p.m. Eastern time to assist you.

PART 2: Statement Delivery Requested

By placing an "X" next to the delivery method below, I authorize OptumHealth Bank to implement the requested statement delivery change on my account.

Paper Statement Delivery

Electronic Statement Delivery

PART 3: Account Holder Authorization

I represent that I am the owner of the account named below and that I have the legal right to provide this authorization.

X

Signature of Account Holder

Date

PART 4: OptumHealth Bank Account Information

Account Holder Name:

Mailing Address:

City/State/ZIP:

OptumHealth Bank Account #:
