



# FIFTH THIRD BANK

## HSA Account Information Change Form

### Instructions:

1. Use this form to request information changes to your HSA that you are unable to make online at [www.53hsa.com](http://www.53hsa.com) in your account profile. Please print legibly.
2. Fax completed form to **Fifth Third Bank HSA Support Center at 513-900-6012.**
3. Mail completed form to **Fifth Third Bank HSA Support Center, PO Box 495933, Cincinnati, OH 45249-5933.**
4. If you have any questions regarding this form, please contact the **Fifth Third Bank HSA Support Center at 1-888-350-5353.**

INFORMATION TO CHANGE <i>(check all that apply)</i>			
<input type="checkbox"/>	Update address / email address / phone <i>(must attach a state issued ID for new address)</i>	<input type="checkbox"/>	Update / remove a dependent
<input type="checkbox"/>	Update my name due to marriage or legal decree <i>(must attach legal documentation to verify legal name)</i>	<input type="checkbox"/>	Update coverage level for high deductible health plan

SECTION 1: UPDATE ACCOUNT HOLDER INFORMATION			
Current Last Name:	New Last Name:	First Name:	Middle Initial:
Social Security Number:		Date of Birth:	
Telephone Number:		Email Address:	
Street Address:			
City:	State:	Zip Code:	

SECTION 2: AUTHORIZED DEPENDENT			
<input type="checkbox"/> Add an Authorized Dependent to HSA			
<input type="checkbox"/> Change Authorized Dependent name due to marriage or legal decree <i>(must attach legal documentation to verify legal name)</i>			
<input type="checkbox"/> Remove Authorized Dependent from HSA			
Last Name:		First Name:	Middle Initial:
Telephone Number:	Date of Birth:		Social Security Number:
Street Address:			
City:	State:	Zip Code:	



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### SECTION 3: HIGH DEDUCTIBLE HEALTH PLAN

Change from Family to Individual

Change from Individual to Family

#### Signature:

I certify that I am the HSA Account Holder or an individual authorized to execute this transaction. I have read and understand the instructions and any rules or conditions relating to, and have met the requirements for, making the above changes. I assume full responsibility for the above changes and will not hold Fifth Third Bank liable for any adverse consequences that may result. I have not received tax or legal advice from Fifth Third Bank and, if necessary, will seek the advice of a tax or legal professional to ensure my compliance with related laws. All information provided by me is true and correct and may be relied upon by Fifth Third Bank.

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Printed Name of HSA Account Holder

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Signature of HSA Account Holder

Date