



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 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 *(check all that apply)*

- | | |
|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| <input type="checkbox"/> Update address / email address | <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

- Add an Authorized Dependent to HSA
- Change Authorized Dependent name due to marriage or legal decree *(must attach legal documentation to verify legal name)*
- Remove Authorized Dependent from HSA

Last Name:	First Name:	Middle Initial:
Telephone Number:	Date of Birth:	
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.

Printed Name of HSA Account Holder

Signature of HSA Account Holder

Date