

HSA Client Information Change Notification Fee Responsibility Information



Instructions

1. Complete form in its entirety in order to have the requested changes completed.
2. Fax completed form to **Fifth Third Bank HSA Employer Support at 513-358-3588**.
3. If you have any questions regarding this form, please contact the **Fifth Third Bank HSA Employer Support Center at 1-866-379-3630**.

Employer Name _____

Employer Code _____

Fee Information

Please designate who will be paying the fees by checking the appropriate boxes below.

	Employer	Employee
Account Enrollment Fee (one-time)		
<i>Online (Self)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>By Employer</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Paper</i>	<input type="checkbox"/>	<input type="checkbox"/>
Service Fee: <input type="checkbox"/> Flat Fee <input type="checkbox"/> Tiered Fee	<input type="checkbox"/>	<input type="checkbox"/>
Investment Account Service Fee	<input type="checkbox"/>	<input type="checkbox"/>
Effective Date of Fees (<i>mm/dd/yyyy format</i>)		

Bank Account Information

Please complete the Employer Funding and/or Fee Account information as applicable.

Employer Fee Account <i>Complete if you will pay <u>any</u> fees on behalf of your Employees</i>
Bank Name:
Routing Number:
Account Number:
Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings

*If you are making changes to your bank account and if you are paying fees on behalf of your employees, you must complete both the **Employer Funding Account** and the **Employer Fee Account** information.*

*If you are paying fees on behalf of your employees and you do not complete the **Employer Fee Account** information, the fees will be deducted from the **Employer Funding Account** on file.*

I certify that I am the HSA Employer individual authorized to execute this transaction. 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.

Signature of HSA Authorized Signer _____

Date _____