



## FIFTH THIRD BANK

### HSA Employer Account Profile Change Form

#### Instructions:

1. Complete form in its entirety in order to have the requested changes completed. This form must be signed by an authorized individual we have on file.
2. Fax completed form to **Fifth Third Bank HSA Employer Support Center at 513-900-6012**.
3. If you have any questions regarding this form, please contact the **Fifth Third Bank HSA Employer Support Center at 1-866-379-3630**.

#### COMPANY INFORMATION

Company Name:	Employer Code:	
Tax ID:		
Street Address:		
City:	State:	Zip Code:

*Please Note: New contacts must be employees of the company name above.*

- ☐ Add  
☐ Delete

	CONTACT 1	CONTACT 2 (optional)
Name:		
Title/Position:		
Company Name:		
Email Address:		
Phone:		
Employer Portal Access:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

We recommend that you contact Fifth Third HSA Employer Support annually to review individuals that have access to your employer portal. In addition, we recommend a minimum of two contacts on your account.

I certify that I am an individual authorized by the employer 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

\_\_\_\_\_  
Printed Name