HSA BANK
National Leader in Health Savings Accounts.
A Division of Webster Bank, N.A., Member FDIC

Company/Invoice Contact / Main Administrator Update Form

HealthSavings ADMINISTRATORS

Instructions: This form should only be used to update your company, invoice contact or Main Administrator information. Other administrator updates should be made by logging in to the Employer Administration area on www.HSAadministrators.com (click on Employer Login).

Please fax this signed and completed form to Employer Relations: (804) 726-1570.

COMPANY INFORMATION (ON FILE AT HSA BANK)

Company Name:	Federal Tax ID#:	BP ID (For Bank use Only):

This is a change to:
☐ Company Information ☐ Main Administrator ☐ Invoice Contact

If this is a change to the Main Administrator, is the new Main Administrator also the Invoice Contact? ☐ Yes ☐ No

An Authorized Representative must sign below in order for these changes to take effect.

NEW COMPANY INFORMATION

New Company Name:	New Federal Tax ID#:	
Address:		
City:	State:	Zip Code:
Phone:	Fax:	
Email:		

Business Type:

☐ Sole Proprietor ☐ Joint Venture ☐ LLC ☐ Partnership ☐ Trust
☐ C Corporation ☐ S Corporation ☐ Non-Profit ☐ Association/Cooperative ☐ Other _____

NEW ADMINISTRATOR/INVOICE CONTACT

First Name:	Last Name:	
Address:		
City:	State:	Zip Code:
Phone:	Extension:	Fax:
Email:		

Select Username (min. 8 characters; letter and numbers only. Username will be case sensitive):

Should the previous Main Administrator be removed as a contact from your employer group? ☐ Yes ☐ No

A random password will be assigned and emailed to the new Main Administrator. You will be asked to change it the first time you log in to the Employer Administration Area. Important note: The Main Administrator is the only administrative user that will have full administrative rights. This means that only they will have the ability to add other administrative users and assign administrative rights.

AUTHORIZED REPRESENTATIVE SIGNATURE (Must NOT be the new Main Administrator)

Authorized Representative Name: (print)	Title:
Signature:	Date:

Privacy, the USA PATRIOT Act and the Employer Site – At HSA Bank we respect the confidentiality of customer information. Some of the information we request is required by a Federal law called the USA PATRIOT Act and regulations adopted by governmental agencies to implement it. This law requires HSA Bank to obtain, verify and record information that identifies each person or entity that opens an account. This information helps the government fight the funding of terrorism and money laundering activities. When you sign up for the Employer Site, we will ask you for your company's name and address. We will also ask you for an identification number such as your Social Security, EIN or Tax Identification number. This information will allow us to identify you. In some instances, we may also ask to see identifying documents. Please rest assured that all customer information is kept in the strictest confidence, unless required by law to be disclosed.

For Internal Use Only

SpecOps Initials:	Change Completed on: