



**Instructions:** Complete this form to update your company or administrator information.

**If you are completing this as a paper form, email or fax your completed form to the address or number below.**

## HealthSavings Administrators

**Email:** employees@HealthSavings.com • **Fax:** 804.726.1570

### Company Information (Current information on file)

Company Name \_\_\_\_\_ Federal Tax ID # \_\_\_\_\_

This is a change to:  Company Information  Main Administrator\*  Administrator  Billing Contact Change

*\*The main administrator is the only administrative user that will have the ability to add other administrative users.*

**An authorized representative must sign below in order for these changes to take effect.**

### Company Information Change

New Company Name \_\_\_\_\_ New Federal Tax ID # \_\_\_\_\_

New Address \_\_\_\_\_ Suite \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_

Business Type

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

### Administrator and/or Billing Contact Change

Add  Remove

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ M.I. \_\_\_\_\_

Telephone Number \_\_\_\_\_ Ext \_\_\_\_\_ Fax \_\_\_\_\_ Email Address \_\_\_\_\_

### Authorized Representative Signature (NOTE: This form may NOT be signed by the new main administrator)

**Privacy, the USA PATRIOT Act and the Employer Site** — At FPS Trust, 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 FPS Trust 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.

FPS Trust and *HealthSavings* are not responsible for any loss, injury or damage, whether direct, indirect, special, consequential, exemplary, economic or otherwise, caused by the use of the website or the unauthorized access of the website. The plan sponsor shall be solely responsible for requesting a password to be used by authorized users. Plan sponsor shall be solely responsible for the protection of such passwords to ensure that only authorized users access the website. Plan sponsor shall ensure that all authorized users comply with the terms and conditions of this agreement and shall be solely responsible for any failure by the authorized users to do so. Because the provided password can be used to access sensitive account information, all authorized users should treat the password with the same degree of care and confidentiality that they use to protect other sensitive financial data. All authorized users agree to not give the password or make it available to any person not authorized to access the website. Further, plan sponsor agrees to notify *HealthSavings* immediately should any previously authorized user become ineligible for access, so that the password may be deactivated.

**Authorized Representative Signature (NOTE: This form may NOT be signed by the new main administrator)**

Authorized Representative Name \_\_\_\_\_ Title \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

**FOR OFFICE USE ONLY**

Sales Director \_\_\_\_\_

Partner Code \_\_\_\_\_

Case Number \_\_\_\_\_