



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

Email or fax completed form to: **HealthSavings Administrators**

Email: employers@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

*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 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 Name _____ Title _____

Signature _____

_____/_____/_____
Date (mm/dd/yyyy)