

# Employer Information Change Form



Complete this form to update your company information and/or employer contacts. Please complete and return to HSA Bank at [hsaforms@hsabank.com](mailto:hsaforms@hsabank.com), or mail to P.O. Box 939, Sheboygan, WI 53082-0939.

## Company Information on File with HSA Bank (All fields required)

Company name:	Employer federal tax ID number:	Employer code (for bank use only):
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## Part 1 – New Company Information (Complete this section to update your demographic information.)

Company name:	Employer federal tax ID number:		
Reason for company name change and/or tax ID change:			
Address:	City:	State:	ZIP:

## Part 2 – Add/Update Contacts

For each contact listed below, Employer Portal permissions will be granted based on the selected title. See the “Permissions Based on Title” section at the end of this form for details. **Please ensure that your selected title aligns with the appropriate permissions.** If you would like to deny Employer Portal access for a contact, select the “No” checkbox in the “Employer Portal Access” field. If no title is selected, no portal access will be granted.

Name:	Select action: <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Update
Email:	Select contact's title (determines what, if any, Employer Portal access is granted): <input type="checkbox"/> Primary <input type="checkbox"/> Invoice <input type="checkbox"/> Payroll contact <input type="checkbox"/> Funding contact <input type="checkbox"/> Plan document contact <input type="checkbox"/> Other: _____
Phone:	Employer portal access: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	Select action: <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Update
Email:	Select contact's title: <input type="checkbox"/> Primary <input type="checkbox"/> Invoice <input type="checkbox"/> Payroll contact <input type="checkbox"/> Funding contact <input type="checkbox"/> Plan document contact <input type="checkbox"/> Other: _____
Phone:	Employer portal access: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	Select action: <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Update
Email:	Select contact's title: <input type="checkbox"/> Primary <input type="checkbox"/> Invoice <input type="checkbox"/> Payroll contact <input type="checkbox"/> Funding contact <input type="checkbox"/> Plan document contact <input type="checkbox"/> Other: _____
Phone:	Employer portal access: <input type="checkbox"/> Yes <input type="checkbox"/> No

## Authorization

Name:	Title:
Signature:	Date:

## Permissions Based on Title (If granted Employer Portal access)

**Primary and payroll contacts:** Access to employee data\*\* and reporting, as well as the ability to import demographic, enrollment, and contribution files.

**Funding contacts:** Access to reporting and the ability to import files.

**Invoice contacts, plan document contacts, consultant brokers, and others:** “View only” access to employee data and reporting.

\*\*Employee data includes name, address, date of birth, marital status, gender, last four digits of Social Security number, username, employment information, and total employer contributions. Limited claim information will also be available for applicable benefit plans, including claim amount, claim status, and available plan balances. This information may also be available in certain reports.