



PNC BeneFit Plus

Health Savings Account

Benefits Design Guide

To be completed by PNC Bank agent or PNC Bank sales representative

Sales Associate or TMO Name

Sales Associate or TMO Phone Number

Sales Associate or TMO Email Address

Section 1: Company/Employer Information

Company/Employer Name

--	--	--	--	--	--	--	--	--	--	--	--

Tax ID Number

Company Address

City

State

ZIP Code

Number of Benefit Eligible Employees

Will Divisions be required? Yes No

(Divisions can be used by employer groups that have multiple companies or locations. Using this feature allows you to segment reporting and/or funding based on the division segments.)

Division names (if applicable)

Divisions needed for:

	<input type="checkbox"/> Reporting <input type="checkbox"/> Funding
	<input type="checkbox"/> Reporting <input type="checkbox"/> Funding
	<input type="checkbox"/> Reporting <input type="checkbox"/> Funding
	<input type="checkbox"/> Reporting <input type="checkbox"/> Funding
	<input type="checkbox"/> Reporting <input type="checkbox"/> Funding

Section 2: Company/Employer Contacts

Only the individuals listed below will be authorized to communicate with our PNC BeneFit Plus Employer Services team. The Primary and Secondary Contacts will automatically be granted Employer Portal access.

Primary Contact – Responsible for overall program / plan authorization. Recipient of all general communications and important notices from PNC. Automatically assigned Employer Portal access.

Secondary Contact – Designated as Primary Contact back-up contact. Automatically assigned Employer Portal access.

Technical Contact – Responsible for the coordination of transmission of employee data. Employer Portal access will be limited to file submissions and results unless otherwise designated.

Other Contact – Designated by the Primary Contact to fulfill administrative role(s) described above.

Primary Contact Information

Contact Name

Phone Number

Email Address

Secondary Contact Information

Contact Name

Phone Number

Email Address

Additional Contacts (Optional)

Contact Type Technical Other

Employer Portal Access Yes No

Contact Name

Phone Number

Email Address

Contact Type Technical Other

Employer Portal Access Yes No

Contact Name

Phone Number

Email Address

Section 3: Health Savings Account

PNC BeneFit Plus Administration Effective Date

		/	0	1	/		
--	--	---	---	---	---	--	--

Number of expected accounts

First Expected Contribution Date

		/	0	1	/		
--	--	---	---	---	---	--	--

Will the employer be making employer contributions?

Yes No

Section 4: Program fees

Below is a list of the PNC BeneFit Plus Program Fees. Please note: The HSA Service Fee will be passed along to the employee upon employment termination once PNC BeneFit Plus has received and processed the notice of the termination. Program fees will not be waived for retroactive terminations.

FEES	AMOUNT	PAID BY
HSA only Monthly Service Fee	\$2.95 per account	Employer <input type="checkbox"/> Employee <input type="checkbox"/>

Section 5: Company/Employer Signature

By completing and electronically signing, you are approving the set up of your employer programs based on how this Design Guide was completed.

--

Primary Contact Electronic Signature

--

Print

--

Title

--

Date

Comments/Notes:

Section 6: Company/Employer Authorization Agreement

This form is used to authorize PNC to debit and/or credit your provided employer checking account for applicable services and fees relating to the PNC Benefit Plus program. (Note: If you would like to have separate accounts for the various funding options, please submit a Company/Employer Authorization Agreement form (Section 10) for each funding account you wish to use)

Employer Name _____ Tax ID# _____

I hereby authorize PNC Bank to initiate debit/credit entries to the Account for:

- HSA Funding (payroll deductions and employer contributions)
 Fee Funding (Any employer paid fees)

Important Please verify that the Employer Checking Account number that you have provided on your Employer Benefit Design Guide does not have an ACH debit block on it. If there is, we will not be able to process the transactions selected above. To release the block, please contact your bank and provide the following ACH IDs: 5221146430, 6221146430, 7221146430, 8221146430. We have established several ACH IDs to help us differentiate between different types of debit transactions you are authorizing for PNC Benefit Plus (examples, fee funding and/or contribution funding, etc.)

Bank Name _____ Phone _____

Routing Number _____ Account Number _____

This authorization is to remain in full force and effect until PNC Bank has received written notification from you or your authorized representative of its termination in such time and in such manner as to afford PNC Bank and the above named Depository a reasonable opportunity to act on it.

I acknowledge that the origination of ACH transactions to the Employer Checking Account must comply with the applicable provisions of U.S. law.

Authorized Contact Electronic Signature

Date

Authorized Contact Printed

PNC is a registered mark of The PNC Financial Services Group, Inc. ("PNC")

Banking and lending products and services, bank deposit products and Treasury Management services for clients and/or customers are provided by PNC Bank, National Association, a wholly-owned subsidiary of PNC and **Member FDIC.**

©2017 The PNC Financial Services Group, Inc. All rights reserved.