

Small Business HSA

Request Form



Please complete this request form for your PNC BeneFit Plus HSA. All fields marked with a (*) are required.

How the PNC Small Business HSA works

The PNC Small Business HSA program, (“Program”) is designed to offer a streamlined and efficient process for small business employers to assist their employees with the option of establishing a Health Savings Account, (“HSA”). By completing this form, Company/Employer is expressing an interest in participating in the PNC Small Business HSA Program.

- Company/Employer should complete the PNC Small Business HSA Request Form and submit it to PNC as instructed.
- If approved, within two business days, the Company/Employer will receive two emails from PNC:
 1. A confirmation that Company/Employer has been approved to participate in the Program, and
 2. Enrollment instructions for the Company/Employer to provide to their employees on how to establish an HSA.
- If the Company/Employer has ACH/direct deposit capabilities and wants to support employee payroll deductions, employees will need to provide their HSA account number to the Company/Employer after establishing their HSA. *Please note: An employer will not be able to obtain the account number from PNC.*
- The monthly administrative fee of \$2.95 per month will be charged against the employee’s HSA (an employer billing option is not available). The account monthly administrative fee will be waived when the average daily balance exceeds \$5,000.

In order to expedite processing, please ensure the following materials are submitted with your Small Business HSA Request Form.

Ensure the Small Business HSA Request Form is complete and accurate

- Are all sections of the Small Business HSA Request Form complete?
- Is the Small Business HSA Request Form signed?
- Does the legal name of your Company or the signer’s title match the submitted documentation?

Submit USA PATRIOT Act Documentation

As part of the USA PATRIOT Act requirements, Company/Employer MUST submit a copy of one of the following documents in connection with the processing of this Small Business HSA Request Form:

1. Articles of Incorporation/Organization or Trust Instrument;
2. Government issued business license; or
3. Partnership Agreement, LLC Agreement or Bylaws

Forms submitted without required USA PATRIOT Act documentation will be rejected.

Section 1: Company/Employer Information

* **Company/Employer Legal Name**

DBA or Company/Employer Name (if different than Company's/Employer's Legal Name)

* **Federal Tax ID (EIN)**

* **Company/Employer Physical Address** (P.O. Box not acceptable)

* **City, State, ZIP Code**

Section 2: Contact Information

* **Primary Contact Name and Title**

Secondary Contact Name and Title

* **Email Address**

Email Address

* **Phone Number**

Phone Number

Section 3: Type of Business

* **Type of Organization**

Corporation

Partnership

Government

LLC

LLP

Other: _____

* **Does Company/Employer conduct business in a foreign country?**

Yes

No

If yes, list countries and nature of business conducted:

* **Does the Company/Employer have an existing relationship with PNC?**

Yes

No

If yes, what type of relationship:

* **Number of benefit eligible employees**

* **Number of expected HSA enrollees**

Section 4: Authorization

By completing this Small Business HSA Request Form, Company/Employer acknowledges and agrees that: (i) all information provided in this Small Business HSA Request Form is true, complete and accurate; (ii) Company/Employer has authority to provide and submit the requested information; (iii) PNC will review this Small Business HSA Request Form and may, at its sole discretion and at the terms imposed by it, grant such request to participate in the Program, but is under no obligation to do so; (iiii) furthermore acceptance by PNC of this Small Business HSA Request Form does not constitute an Agreement by or between Company/Employer and PNC.

* **Signature of Authorized Representative**

* **Date**

* **Printed Name of Authorized Representative**

* **Printed Title of Authorized Representative**

Completed Small Business HSA Request Forms may be sent to PNC by email to pnchealthaccountsales@pnc.com.