



HSA Payroll Deduction Authorization Form

Complete this form and return it to your employer if you wish to make contributions to a H.S.A via payroll deduction.

I am requesting a PNC H.S.A. account to be opened for this purpose. An activation email will be sent to the email listed below from PNCBenefitPlus.com. At this time I will need to complete the account activation process prior to being able to use my H.S.A. account.

Name of Client Company _____

Employee Name _____ SSN: xxx-xx- _____

Address _____

City _____ State _____ Zip _____

Email Address _____ Phone: _____

***If not PNC please provide the banking information below:

Name of Bank: _____

Bank ABA/Routing: _____

Account Number: _____

Contribution Information

I elect an annual contribution of \$ _____ or \$ _____ per pay date.

I understand that any changes in banking information must be provided to Sheakley to maintain the HSA direct deposit service.

I hereby authorize Sheakley to deposit my HSA deductions and/or applicable employer match to the bank account above until such time that I provide a written request to change this information.

Accountholder Authorization

By signing this application I represent that: 1) I am covered under a high deductible health plan (HDHP); 2) I am not covered by any other health plan that is not an HDHP; 3) I am not enrolled in Medicare and 4) I cannot be claimed as a dependent on another person's tax return. I understand that if my spouse is enrolled in a general-purpose FSA (a non-HDHP) I am not eligible to contribute to an HSA. I understand that my HSA cannot be effective prior to my HDHP coverage date. 5.) I authorize my employer to deduct the elected amount from my pay on each pay date. I hereby consent that all personal information and selections made are correct.

Accountholder Signature: _____ Date _____

Sheakley HR: peobenefits@sheakley.com fax 513.672.4501

PNC BeneFit Plus Employer Services

Steps that will occur, if you elect to have a PNC H.S.A account opened through Sheakley HR, LLC.

1. The participant needs to complete the H.S.A. Payroll Deduction Authorization Form
2. Return the form directly to the employer or to Sheakley HR at peobenefits@sheakley.com or fax to 513.672.4501
3. The participant will be entered into the PNC site by Sheakley HR, which will generate an email to the participant from PNCBeneFitPlus.com
4. The participant will receive the email and follow the steps requested to activate the account and accept the terms indicated.
5. A H.S.A. card will be mailed out to the participant directly
6. The account will be set up and contributions requested through payroll

Questions? Please visit pnc.com/pncbenefitplus to view educational videos and FAQs.

If your employees have any questions they can contact the PNC BeneFit Plus Consumer Services Team

Hours of Operation	8:00am-8:00pm EST (Monday-Friday)
Email	pncbenefitplus@healthaccountservices.com
Phone Number	844-356-9993
Website	www.participant.pncbenefitplus.com