

Step 1: HSA Accountholder Information

Health Savings Account Contributions Form

Use this form to make additional contributions to your HSA. For assistance, please call PNC BeneFit Plus Consumer Services at 844-356-9993 (M-F, 8:00 a.m. to 8:00 p.m. ET).

Required Fields				
*Consumer Name (First	i, MI, Last)	*Employe	Name (If sponsored by an employer plan)	
*Birth Date (MM/DD/YY	YY) *Social Security	Number	*	Day Telephone
*Permanent Address			Email Address	
*City	*State	*Zip Code		
*Contribution Amount:	n Information (Please	*Contribution for Tax Year		e you make your selection)
*Contribution Type:				
Normal				
Catch-Up				
Rollover				
Mistaken D	istribution			
lealth Savings Acco		to: PNC BeneFit Plus C		st mail the check with the completed es, P.O. Box 2865, Fargo, ND 58108-2865.
Step 3: Consumer	Authorization			
ules or conditions relating NC Bank liable for any a dvice of a tax or legal pro	g to and have met the requirend adverse consequences that represented in the company of the construction o	ements for making this trans may result. I have not receive opliance with related laws. Al	action. I assume full ed tax or legal advice I information provide	read and understand the instructions and any responsibility for this transaction and will not hold a from PNC Bank and, if necessary, will seek the d by me is true and correct and may be relied a treat this transaction as such.
***************************************				*D-tr
*Accountholder Signature				*Date

Please call PNC BeneFit Plus Consumer Services at (844) 356-9993 with any questions (M-F 8:00 a.m. - 8:00 p.m. ET).



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Rules and Conditions Applicable to Contributions

General Information

Any contributions received will be deposited in the cash account. If you have opted into investments, funds above the minimum threshold will automatically be swept into an interest-bearing account once the amount above the threshold reaches \$100. You can set investment allocations for the mutual fund investments through the Consumer Portal.

The IRS allows HSA accountholders to make contributions for the previous tax year through your normal tax-filing deadline (not including extensions), which is typically April 15th of the current year.

Contribution Type

Normal

See IRS publication 969 available at http://www.irs.gov/pub/irs-pdf/p969.pdf for annual contribution limits.

Catch-Up

If you are 55 years of age or older during the calendar year, you may make an additional "catch up" contribution of up to \$1000.

Rollover

A rollover is a way to move funds from one HSA to another HSA. By properly completing this form you are certifying to the Trustee or Custodian that you have satisfied the rules and conditions applicable to your rollover and that you are making an irrevocable election to treat the transaction as a rollover. The rollover only includes funds distributed from either an HSA, Archer Medical Savings Account, or an IRA established in your name.

The funds you receive from the distributing HSA must be deposited into another HSA within 60 days after you receive them. When counting the 60 days, include weekends and holidays. Receipt generally means the day you actually have the funds in hand. For example, the 60 days would begin on the day following the day you pick up the check from the Trustee or Custodian or you receive the check in the mail.

IRS Notice 2004-50, Q&A 55 indicates that only one rollover contribution may be made to an HSA during a one-year period. Twelve (12) months must pass after receipt of one rollover distribution before you may take another rollover distribution from the same HSA.

Mistaken Distribution

According to IRS Notice 2004-50, an HSA Custodian or Trustee may allow the return of mistaken distributions. The Custodian or Trustee may rely on the Account Owner's representation that the distribution was, in fact, a reasonably allowable mistake, (e.g., the Account Owner thought the distribution was for a qualified medical expense).

Signatures

Your signature is required to certify that the information you have provided is true and correct and that you are aware of all the circumstances affecting this HSA contribution. It also certifies that you are eligible to participate in an HSA. Generally speaking, to be eligible, you must be covered by a high-deductible health plan (HDHP) and not covered by any other health plan that is not an HDHP, not entitled to Medicare benefits, and may not be claimed as a dependent on another person's tax return.

For more information about HSAs, see the free IRS Publication 969, Health Savings Accounts and Other Tax-Favored Health Plans (available from the IRS Website at www.irs.gov) or consult your tax advisor or attorney.

IMPORTANT INFORMATION:

This Health Savings Account (HSA) is a custody account with PNC Bank serving as the custodian. Terms and conditions of the HSA are included in your Health Savings Account Disclosure Statement and Custodial Account Agreement and PNC BeneFit Plus Debit Card Agreement. Deposits to your HSA are held in an interest-bearing custodial account at the Bank and are insured by the Federal Deposit Insurance Corporation (FDIC) up to the maximum amount permitted under FDIC guidelines.