

# Health Savings Account Enrollment Form

Please complete this form and return it to your Human Resources Department  
Please note: Admin fee of \$7.00 a month will be applied when enrolling in plan.



## 1 Personal Information

Employee Name (First Name, Last Name)		Company Name		
Street Address	City	State	Zip Code	Social Security Number
Employee Phone Number	Date of Birth	Date of Hire (Required)	Email Address (Required to receive e-mail communications)	
Social Security Number	<input type="checkbox"/> Single <input type="checkbox"/> Family Status			

## 2 Benefit Election

Initial Request     New Year Request     Waive Participation

If you are part of a company health insurance plan your insurance premiums will automatically be paid pre-tax by payroll deduction. You may also choose any of the following benefits to add to your pre-tax deduction:

Health Savings Account:    \$ \_\_\_\_\_ **Per pay period election (Required)**

**Enrollment Effective Date (Required)**

\$ \_\_\_\_\_ Annual Election

**Pay Frequency :** (*biweekly, monthly*)     Bi-weekly (26)     Semi-monthly (24)     Monthly (12)

## 3 Debit Card

You will receive 1 card in your name. If you would like an additional card for a dependent, indicate their name here: \_\_\_\_\_

## 4 Beneficiary Designation

I designate the following individual(s) or entity as my primary or contingent death beneficiary(ies) of this HSA. If I am married in common law or in a community or marital property state, I must designate my spouse as my Primary Beneficiary unless spouse/s signature is obtained and notarized below. Share percentages must equal 100% for primary and 100% for contingent.

Beneficiary 1. Name (First Name, Last Name)		Street Address, City, State Zip	
Date of Birth	Social Security Number	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	<input type="checkbox"/> 100% <input type="checkbox"/> Other: Share %
Beneficiary 2. Name (First Name, Last Name)		Street Address, City, State Zip	
Date of Birth	Social Security Number	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	<input type="checkbox"/> 100% <input type="checkbox"/> Other: Share%

Please check the following:

I am not married. If I become married at a future date, I must complete a new Beneficiary Designation form.

I am married. I understand that if I choose to designate a primary death beneficiary other than my spouse, he or she must agree to the designation by signing below. My spouse's signature must be notarized.

Signature of Spouse \_\_\_\_\_ Date \_\_\_\_\_

Subscribed and sworn to before me this _____ day of _____, 20____	Signature of Notary Public
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## 5 Employee Signature

I hereby authorize the appropriate payroll reductions as my contribution(s) to the Health Savings Account until changed by me in writing. I recognize that such payroll reductions shall be adjusted automatically in the event of a change in the insurance premiums. I will only use the Health Savings Account for eligible expenses under the plan, and understand I will be responsible to pay for any transactions not allowed by the plan. In addition, I authorize the release of medical and account information to my spouse (if applicable).

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

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## **Terms, Conditions and Signature**

### ***Important Information Regarding Patriot Act Requirements***

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial organizations to obtain, verify, and record information that identifies each individual who opens an account. What this means for you, when you open an account, you are required to provide your name, residential address, date of birth, and identification number. As part of the ongoing maintenance of your account we may require other information or documentation that allows us to identify you. You understand that your HSA may be closed if additional verification is not possible. Upon such closure, funds deposited in your HSA will be returned to you, less any fees or expenses chargeable against your HSA, or penalties or surrender charges associated with the early withdrawal of any savings instrument or other investment in your HSA account. As custodian, PNC Bank shall not be liable for any tax consequences or tax withholdings you may incur as a result of the transfer or distribution of your assets.

### ***Important Information about your Account***

The maximum balance allowed in your Cash Account is based on the designated threshold established by NBS and agreed upon by PNC Bank. Amounts over this balance will be automatically swept to your Investment Account as described in the Custodial Agreement and Disclosure Statement.

### ***Important Information Regarding Death Beneficiary Information***

If neither primary nor contingent is indicated, the individual or entity will be deemed to be a primary death beneficiary. If any primary or contingent death beneficiary dies before me, his or her interest and the interest of his or her heirs shall terminate completely, and the percentage share of any remaining death beneficiary(ies) shall be increased on a pro rata basis. If more than one primary death beneficiary is designated and no distribution percentages are indicated, the death beneficiaries will be deemed to own equal share percentages in the HSA. Multiple contingent death beneficiaries with no share percentage indicated will also be deemed to share equally. If no primary death beneficiary(ies) survives me, the contingent death beneficiary(ies) shall acquire the designated share of my HSA.

I understand that if I designate my spouse as primary death beneficiary or contingent death beneficiary of the HSA, the dissolution, termination, annulment or other legal termination of my marriage will automatically revoke such designation.

### ***Important Information Regarding My Account Summary***

I understand that account summaries are made available electronically and may be viewed at any time by logging into my account at **[www.nbsbenefits.com](http://www.nbsbenefits.com)**.

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## ***Important Information Regarding My HSA Investment Account***

I understand that once I have accumulated at least \$2,000 in cash in my HSA, the balance of my account above \$2,000 may automatically be invested in an interest-bearing, FDIC-insured account. I may also choose to change my allocation choices and select from the NBS's list of mutual funds for the investment of HSA assets in excess of \$2,000. The HSA Investment Account is exclusively available online at **www.nbsbenefits.com**. An email address must be included in enrollment or it will not be available. All investment transactions in the HSA Investment Account will be initiated and conducted electronically or by telephone. All required disclosures of investment information and trade confirmations will be made electronically, and by opening an HSA Investment Account I consent to the electronic delivery/access of all documents of any issuer whose securities are made available to my HSA, including issuers and securities made available after the date my account is opened.

## ***Important Information Regarding Substitute W-9 Certification***

Under penalties of perjury, I certify that: (1) the Social Security Number shown on this form is my correct taxpayer identification number and, (2) I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. citizen (including a U.S. resident alien).

## ***Important Information Regarding Custodial and Investment Information***

I have read and understand the HSA Custodial Agreement and Disclosure Statement and agree to be bound by those terms and conditions. I understand the eligibility requirements for this HSA and I state that I am responsible for determining whether I qualify to make deposits to this HSA. I am responsible for:

- a. determining that I am eligible to make contributions to an HSA for each year I make a contribution;
- b. ensuring that all contributions are within the maximum limitations set forth by the tax laws, taking into account my coverage under a high deductible health plan;
- c. the tax consequences of any contributions (including rollover contributions) or distributions; and
- d. seeking the assistance of a qualified tax or legal professional to address any questions or concerns I may have about eligibility, contribution limitations, or the taxation of contributions or distributions from my HSA.

If I choose to select an investment allocation from the NBS's list of mutual funds, I will be solely responsible for direction of the investment of my HSA. I represent that I will carefully review investment information prior to making investment decisions and that I will seek assistance of a financial professional if I have questions about available investment options or how to select investments for my HSA.

I authorize PNC Bank, and its agents to initiate permitted transfers, including contributions, to my HSA, as directed by me or my Designated Representative through the electronic account service features or as otherwise permitted under this HSA. Any such direction shall remain in effect until PNC Bank and its agents receive notice of a change to such directions via the electronic account service features or as otherwise permitted under this HSA.

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I certify that the information provided by me on this Enrollment Form is accurate, and that I have received a copy of the HSA Custodial Agreement and Disclosure Statement and amendments thereto. I assume sole responsibility for all consequences found in the Enrollment Form and Custodial Agreement and Disclosure Statement. I understand that I may revoke the HSA on or before the seventh day after the date of establishment. I have not received any tax or legal advice from PNC Bank, and I will seek the advice of my own tax or legal professional to ensure my compliance with related laws. I release and agree to hold PNC Bank harmless against any and all claims or losses arising from my actions.

I hereby further agree to designate National Benefit Services to serve as my Designated Representative with respect to my HSA account. By signing below I agree to be bound by the terms and conditions of the separate agreement entitled Designation of Representative by HSA Client and by my signature each party respectively acknowledges his or her understanding and agreement with such terms and conditions.

\_\_\_\_\_  
Signature of HSA Accountholder

\_\_\_\_\_  
Date