



Employer Contact Change Form

The Employer Contact Change form is to document the designation, update and/or removal of an Authorized Contact for an employer. This form authorizes the release of medical information to the named representative(s), as well as removing information. Please complete and return to PNC BeneFit Plus Employer Services at pncbenefitplusemployer@healthaccountservices.com or fax to: 855-628-5950. If you have any questions completing this form please contact PNC BeneFit Plus Employer Services at 844-356-9994.

Step 1: Company Information

Company Name

Tax ID Number

To add authorized contacts, please follow step 2a, Contact Addition.

To update existing contact information, please follow step 2b, Contact Update.

To remove access for an existing contact, please follow step 2c, Contact Removal.

Step 2a: Contact Addition

Please fill out to add authorized contact(s).

Contact Type (select one)

☐ Primary ☐ Secondary ☐ Billing ☐ Other (please specify) _____

New Contact Information

Name

Email Address

Employer Portal Access Yes ☐ No ☐

Phone Number

Contact Type (select one)

☐ Primary ☐ Secondary ☐ Billing ☐ Other _____

New Contact Information

Name

Email Address

Employer Portal Access Yes ☐ No ☐

Phone Number



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Step 2b: Contact Update

Please indicate new information for an existing authorized contact.

Updated Contact Information

Current Name

Updated Name

Email Address

Phone Number

Step 2c: Removal of Authorized Contact(s)

These contacts will be removed as an authorized contact and access to the employer web portal will be removed:

Name

Email Address

Name

Email Address

Step 3: Authorization

This Agreement is accepted and agreed to by the parties as of the Effective Date described below.

Authorized Contact Signature

Phone

Effective Date

Authorized Contact Printed

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