Member Website Guide



Table of Contents

Member Website Overview	4
Navigate from the Home Page	7
Message Center	9
Healthcare Savings Goal	
I want to Pay Bill/Contribute (Withdrawal/Contribution)	
Reimburse Yourself	
Add External Bank Account	
Pay Bill	13
Add a Payee	
Payment Transaction	14
Make a Contribution	15
I want toManage Investments	
Investments Overview and Options	
Manage Existing Self-Directed Investment Account	
Auto-Sweep Setup	
Recurring Transfer Setup	
I want toManage My Expenses	
myHealth Portfolio SM Dashboard	
Add Qualified Medical Expenses	20
Pay Expense	21
Export Expenses	21
Sample Excel Expense Export	21
Accounts	
Account Summary (Balances)	22
Account Activity	22
HSA Contributions by Tax Year	23
Education & Support	
Account Education	24
Tools & Support	25
Statements & Notifications	
Statements	
Delivery Preferences	26
Notification Alerts	27

MEMBER GUIDE

	Profile Summary	.28
	Update Profile	.28
	Add Dependents	.28
	Add Beneficiary	28
	Add Authorized Signer	29
	Banking/Cards	29
	Add External Bank Account	.30
	Validate External Bank Account	.30
Ge	etting Help	. 32

Member Website Overview

Welcome to HSA Bank! This guide will provide you with details about how to use the Member Website to manage your Health Savings Account (HSA). The Member Website gives you 24/7 online access to manage your account. Some of the key features you may want to take advantage of include:

- Checking your balance and account activity
- Making an HSA transaction (online contribution and distribution setup)
- Managing your investments (if applicable)
- Adding an authorized signer to your account
- Ordering additional debit cards
- Setting up a Healthcare Savings Goal
- myHealth PortfolioSM



Initial Login Process

To create your account online, go to <u>www.myhsabankaccount.com</u>. Select the **Create your new username and password** link from the bottom of the page.

Login to your acco	unt
Username	Forgot Username?
Password	Forgot Password?
	Login
New User?	
Create your new u	sername and password

Step 1:

Enter the identifying information requested on the page.

Complete the information b	elow to verify your identity.	
First Name*		
Last Name*		
Zip Code*	Please enter your 5 digit zip code	
SSN or Employee ID*	SSN	
	OR Employee ID	
		*Required
		Next

Step 2:

Answer three security questions. (The questions shown are sample questions.)

Security Questions

In which city was your father born?	*	
What is the first name of the eldest of your siblings?	*	
When is your oldest child's birthday (MM/DD)?	*	
		*Requir

Username*	
	Your username may contain alphanumeric characters and any of the following special characters: period (.), at sign (@), underscore (_), and dash (-).
New Password*	
	Your password must have a minimum of 8 characters. It cannot be one of your last 3 passwords. Allowable special characters include: exclamation mark (1), at sign (@), pound sign (#), dollar sign (\$), percentage sign (%), ampersand (8), and asteriak (*).
Confirm Password*	
	*Require

Step 3:

Create your username and password.

Step 4:

Please read and accept the Esign Consent Agreement and Online Services Agreement. You must open the agreements and **scroll to the bottom** in order to select the checkboxes.

Esign Consent Agreement	Read and agree	Agreed	
Online Services Agreement	Read and agree	Agreed	
Fee Schedule			

Step 5:

Please enter and confirm your email address to ensure you receive notifications based on your elected preferences.

You will also confirm your delivery method preference for certain bank disclosures and notices.

Please note: You may update this information later by clicking on the Statements and Notifications tab, then **Update Notification Preferences**.

Statements & Notifi	cations / Update Notification Preferences
Contact Information	
Email Address	kyross@hsabank.com
Confirm Email Address	kyross@hsabank.com
	Please provide a valid and current email address to ensure that you are notified when important documents (such as your HSA Account Summary and Tax Statements) become available on the Member Website. You will need an email address to select any of the optional alerts.
Notifications	
You will receive bank disclosures	and notices, in addition to the items listed below, based on the delivery method you select below.
Delivery Method	Online
For	HSA Account Summary HSA Tax Documents

Future Login

When you return to log in again, enter the username and password you created in step 3 and click **Login**. If your account is locked, please contact HSA Bank's Client Assistance Center at 800-357-6246.

Existing Us	er?	
Login to you	r account	
Username	1	Forgot Username?
Password		Forgot Password?
	Login	

Forgot Username/Password

If you forget your username or password, click the appropriate link on the login page. Follow the steps to reset your password and/or recover your username.

Navigate from the Home Page

The HSA Bank Home Page will be displayed on your screen each time you log in to the site. Each tab from your Home Page offers an easy-to-use navigation system for viewing information on your account.

• The left side of the Home Page provides "I Want To..." links to take actions related to your account:

Home

- a. Pay Bill/Contribute (Contribution or Withdrawal)
- b. Manage Investments
- c. Manage My Expenses



Statements &

Notifications

Profile

Education &

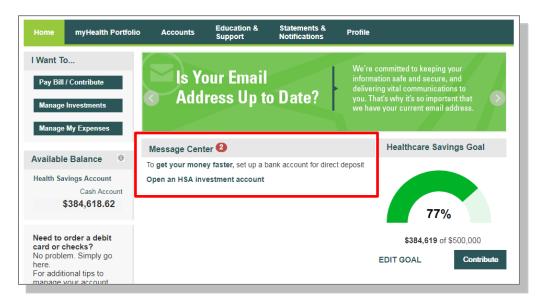
Support

Accounts

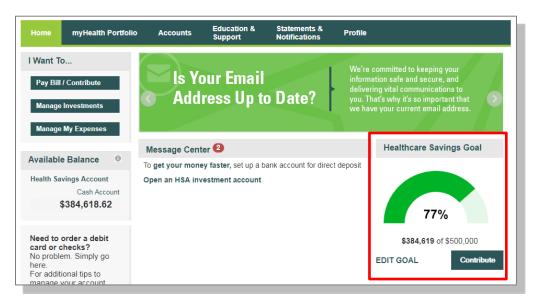
Starting with the top navigation, you can access information using the menu tabs at the top of the screen.
 Additionally, there are a number of quick links throughout the body of each page that will be described as part of each tab.

myHealth Portfolio

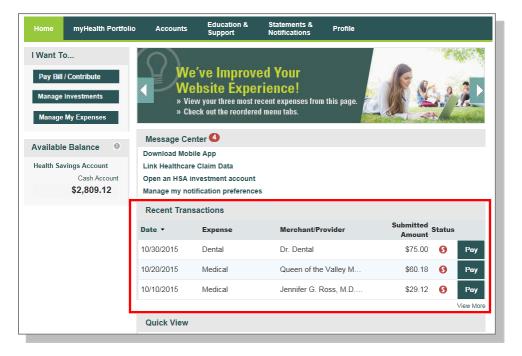
- Home
- myHealth Portfolio
- Accounts
- Education & Support
- Statements & Notifications
- Profile
- Your **Message Center** on the Home Page helps you stay on top of your account with a variety of notifications or calls to action, such as a message to alert you once you are eligible to open an investment account, a notice of an external bank account that needs to be validated, or a link to download the mobile app. *For more information, please see the Message Center section on page 9.*
- Click the bolded text in the message center to navigate to the page needed to execute the call to action.



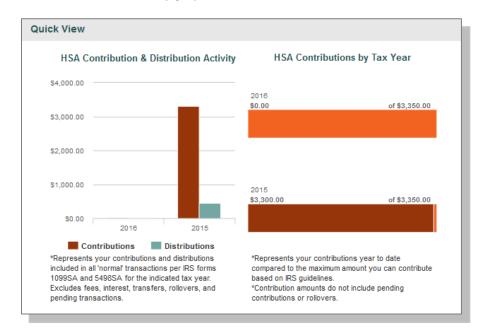
• Next to your Message Center, you will see the Healthcare Savings Goal tool. This interactive tool enables you to set a savings goal for upcoming out-of-pocket medical costs, future out-of-pocket medical costs, or both. For more information on setting up or editing a Healthcare Savings Goal, please see page 10.



- Below your Message Center, you will see a snapshot of your three most recent expenses. You can click the View More link to review all expenses on the myHealth Portfolio tab.
- Click Pay if you paid out of pocket for an expense and need to be reimbursed or to pay a claim manually. If you've already done so, the Status shows as paid.



At the bottom of the Home Page is the Quick View section, which graphically displays key metrics that make it
easy to track your contributions to date. You can also assess your year-over-year saver vs. spender habits with
the HSA Contribution & Distribution Activity graph.

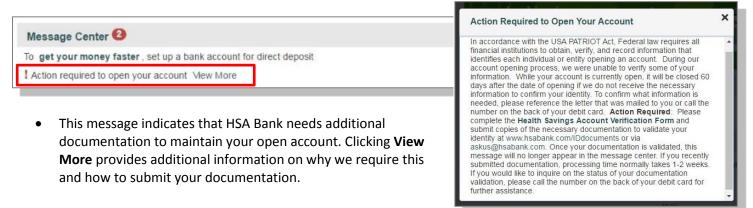


The HSA Contribution & Distribution Activity graph reflects the maximum contribution limit based on a member's high deductible health plan (HDHP) coverage level (individual or family). Please contact HSA Bank if your contribution limit needs to be updated to reflect your current HDHP coverage level.

Message Center

The Message Center helps you make the most of your account by highlighting action items, such as downloading the mobile app to stay connected to your account on the go or confirming a linked external bank account. Clicking each item brings you to the relevant page or popup with more information.

When first opening your account, you may see a message indicating that action is required to finalize the opening of your account.



• You will also receive a letter in the mail with specific information on what is needed from you and how to send us the required documents.

Healthcare Savings Goal

Looking to save money for current or future healthcare expenses but not sure where to start? The Healthcare Savings Goal tool can help you stay on track to meet your goals and give you an easy visual reminder of how close you are to meeting them.

- To get started, click Add Goal.
- The first step shows three goal options:
 - Save enough to cover my current year out-of-pocket medical costs
 - Build savings for future out-of-pocket medical costs
 - o Save for current and future out-of-pocket medical costs
- Select the goal that best meets your needs and click Next.



Tools & Support / Healthcare Sa	vings Goal
Update My Healthcare Savings Goal (Step	o 1 of 3) *Required
Hi Nora! First, you need to set a goal. Once your goal is Select a goal below to get started.	set, we will help you track your progress.
What are your healthcare savings goals? *	$\ensuremath{\mathbb O}$ Save enough to cover my current year out-of-pocket medical costs
	Build savings for future out-of-pocket medical costs
	Save for current and future out-of-pocket medical costs
Cancel	Next

- Based on the goal you select, fill in the required fields on the next page. Some of the data shows automatically (such as your current HSA balance), and other fields prepopulate with suggested information.
- When you have entered the information that best reflects your savings goal, click Next.

Tools & Support / Healthcare Savings Goal		
ിട്ടു Saving for Current and Future Expenses (Step 2 of 3))	* Required
Help us understand what you need to save. First, we will look at y	our current savings:	
Your current HSA balance is	\$0.00	
Do you have other savings to include toward your target healthcare savings?	\$ 150.00	
Next, we will look at your annual expenses:		
What is your annual health plan deductible?* $ 0$	\$ 4000.00	
Do you have other anticipated medical costs this year?* $ @$	\$ 1000.00	
Now that we know your current savings, tell us about your future	savings goals:	
What is your target savings?*	\$ 125000.00	
What year do you plan to start using the money you've saved?*	2058	
Finally, tell us your thoughts on your investing your savings with	your HSA:	
Are you planning on investing a portion of your HSA?*	● Yes ○ No	
What is your anticipated annual rate of return?* 0	2.9 %	
		_
Cancel	Previous	lext

- In the final step, review your goals. You can click How was my goal calculated? for more information or Previous if you would like to go back and change any information.
- When you are ready to finalize your goal, click **Save My Goal**.

al Amount (Step 3 of 3)	* Required
sed on the information yo	ou've provided, here are your goals:	How was my goal calculated?
Future Savings Goal	\$124,850.00	
Annual Goal	\$6,693.69	
Monthly Goal	\$557.81	
olicable IRS maximum limits f als.		

- Once your goal is saved, you can edit it at any time by clicking Edit Goal.
- Clicking the **Contribute** button makes it easy to contribute money from your external bank account to your HSA.
 - In order to avoid a 6% excise tax on excess contributions, please calculate your annual HSA contribution amount to ensure that it does not exceed the IRS' annual contribution limits. If you are age 55 or older, and not enrolled in Medicare, you are eligible for a catch-up contribution of \$1,000.



I want to... Pay Bill/Contribute (Withdrawal/Contribution)

From the left side of the Home Page, select **Pay Bill/Contribute**. This feature can be used to transfer funds to or from your HSA.



Reimburse Yourself

The best way to reimburse yourself is to establish an electronic fund transfer (EFT) with your external bank account and initiate a transaction from your HSA to your checking or savings account.

If you need to add an external bank account, click **Add Bank Account** and follow the below instructions.

Home myHealth Portfolio	Accounts	Education & Support	Statements & Notifications	Profile	l Want to 🔻
Balance Detail 0	Accounts	/ Pay Bill /	Contribute		
Cash Account	Create Transa	ction			* Required
Actual Balance \$763.36 Pending Withdrawals \$0.00 Available Balance	From * To *	Add	lect an account Bank Account		•
\$763.36	Cancel				Next

Add Bank Account		×
Bank Account Inform	ation	
Routing Number * 🖲		
Account Number *		
Confirm Account Numb	er*	
Account Type *	Checking -	
Account Nickname * 🛛		
Bank Institution Inform	nation	
Bank Name *		
Bank Address *	Address Line 1	
	City	
	Select a state	
		*Required
Cancel		Submit

Add External Bank Account

To add a new account, complete your banking information on the **Add Bank Account** page and click **Submit**. (See the Profile section, which satrts on page 28, for additional details.) **Pay Bill**

• To provide additional payment flexibility while utilizing your HSA, you have the option to request a distribution check from your account. The check will

be sent directly to the payee listed. Please follow the below instructions to successfully submit an online distribution request.

Note: Checks are mailed within 72 hours and take 5-6 days for delivery.

 From the Pay Bill / Contribute page, select "My HSA" from the From dropdown and "Someone Else" from the To dropdown, and then click Next.

Create Transaction From * My HSA To * Someone Else Based on your selections, you will be requesting a distribution (withdrawal).	
To * Someone Else	
To * Someone Else	
	* Required
Cancel	Next

Add a Payee

- You can add a new payee or select a previously added payee to send payment to.
- Enter the name of the person to be paid in the Payee Name field (this will be who the check is made payable to).
- Optionally, you can include the name of the person who received the service in the **Who is this for?** field.
- Enter the Account Number of the payee; this will also appear on the printed check.
- Complete the **Payee Address** for where the check should be mailed.
- If this is a payee who may be used again, leave the Save new payee information box checked. Otherwise, uncheck it if you do not want this payee's information saved.
- Once you have completed the payee information, click **Next**.

Payee Details		
Payee *	 Add a New Payee Select a Saved Payee 	
Payee Name *		
	Enter who provided this service (this may be a physician, hospital, etc.)	
Who is this for?		
	When appropriate, provide the name of the person who received service.	
Account Number *		
	Enter the account number that the payee uses to identify the service or recipient.	
Payee Address *	Address Line 1	
	Address Line 2	
	Address Line 3	
	City	
	Select a state	
	Enter the address of physician, hospital, etc. who provided the service.	
Summary		
From	My HSA	
То	Someone Else	
Cancel	Previous Nex	

Payment Transaction

 Enter the frequency (one-time or schedule, for a recurring payment) and click Next.

Accounts / Pay I	Bill / Contribute
Transaction Schedule	
Frequency *	One-time Schedule
Summary	
From	My HSA
То	Someone Else
Cancel	Previous Next

Payment Transaction Details

Transaction Details		* Required
Tax Description 0	Normal Distribution	
Amount *	\$	
Expense 0	Select an expense category	
Recipient/Patient 0	Nora Abdo	
Notes		
Summary		
From	My HSA	
То	Someone Else	
Schedule	One-time	
Cancel	Previous	Next

Enter the **Amount** of the expense, the **Expense** category, the **Recipient/Patient**, and any **Notes**, and then click **Next**.

From My HSA Total Amount Normal Dis		Expense Dental	Amount \$1.00 \$1.00	Remove	
Total Amount		Dental		Remove	
			\$1.00		
Normal Dis					
	surbution Dis	sclaimer		Ø Agree	d 🗸
distribution r applicable co expenses ha plan, and wi consequenc custodian/tru and their des I confirm tha	request. I am o overage perio ave not previo Il not be claim es resulting fr ustee cannot p signated repre	claiming reimburs d for myself and/ usly been reimbur ed as an income om this distributio provide legal advice sentative harmles transaction I am	ement only for eligi or my legal depende rsed or will not be r tax deduction. I cer in. I understand tha ce. I indemnify and ss against any liabi	idual authorized to execute ti ble expenses incurred during m((s) under the plan. These eimbursed under any other b tify that I am responsible for a tmy designated representatin agree to hold the custodian/th tites.	the enefit any ve or rustee
	,		ne information and t	erms above.	
Cancel			0 ())		
Cancer			Save for Later	Add Another Su	bmit

Accounts / Transaction Summary

Transaction Summary and Confirmation

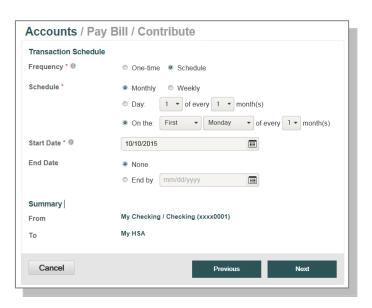
- View the transaction summary and read and agree to the Normal Distribution Disclaimer.
- Confirm the transaction and click **Submit** or enter another transaction by clicking **Add Another**.

Make a Contribution

To make a post-tax contribution, from the Pay Bill / Contribute page, select a bank account on file from the **From** dropdown and select "My "SA" from the **To** dropdown. *Note: If you do not have a bank account on file, you can click* **Add Bank Account** *and follow the steps on page 12.*

Home myHealth Portfolio	o Accounts	Education & Support	Statements & Notifications	Profile	I Want to 🔻
Balance Detail 0	Accounts	/ Pay Bill	/ Contribu	te	
Cash Account	Create Transac	tion			
Actual Balance \$2,809.12	From *	M	y Checking / Checking	g (xxxx0001) 🔹	
Pending Withdrawals		Upd	late Bank Account		
\$0.00 Available Balance	To *	M	y HSA	•	
\$2,809.12	Based on your se	elections, you will	be requesting a cor	ntribution (deposit).	
					* Required
	Cancel				Next

- Select your contribution schedule:
 - \circ One-time
 - Schedule (recurring)



Accour	nts / Pay I	SIII / CO	ontribut	е		
Transactio	on Details					
Tax Year *	0	2015				
Amount *		\$				
Notes					A 	
IRS Maxim	um Contributio	n Amount 🛙)			
Tax Year	IRS Maximum	Processed	Scheduled	Pending	Maximum	Contribution Available
2015	\$3,350.00	\$3,000.00	\$0.00	\$300.00	\$50.00	
Summary						
From		My Check	ing / Checkin	g (xxxx00	01)	
То		My HSA				
Schedule		Scheduled	ł			
						* Required
Cancel				Pr	evious	Next

If you are making a contribution between January 1 and April 15, you have the option to contribute to the prior tax year. Use the IRS Maximum Contribution detail presented to determine how much you can contribute for the applicable tax year.

Select the **Tax Year** (if applicable), enter the **Amount**, and add any **Notes** if needed. Click **Next**'

On the next screen, confirm the transaction summary, agree to the contribution disclaimer, and click **Submit**.

Contributions from your personal external bank account will generally be withdrawn within two to three business days of your request.

I want to...Manage Investments

This link takes you to the Manage Investments page, where you can open a self-directed investment account if you have met the minimum threshold required in your HSA (if applicable).

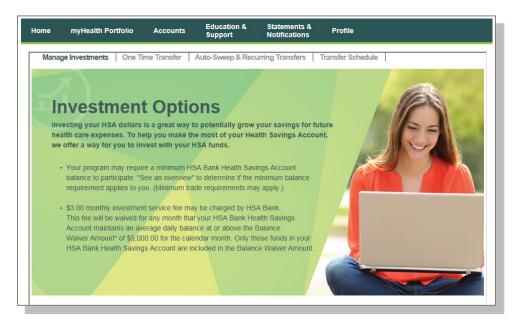
You can also access the Manage Investments page by clicking the Accounts tab from the menu bar and then clicking the Investments tab on the left-hand panel.

Please note, the **Manage Investments** link on the Home Page and an overview of the options on the Manage Investment page are not available until you have the minimum balance in your HSA (if applicable).

Home myHealth Portfoli	o Accounts	Education & Support	Statements & Notifications	Profile			
l Want To Pay Bill / Contribute Manage Investments Manage My Expenses	med Check	ou take pres ication? out Healthcare B and options to re	lue Book for the be	ist			
Available Balance Health Savings Account Cash Account \$2,809.12	1	le App					
	Recent Trans	actions					
	Date -	Expense	Merchant/Pr	ovider	Submitted Amount	Status	
	10/30/2015	Dental	Dr. Dental		\$75.00	0	Pay
	10/20/2015	Medical	Queen of the	Valley M	\$60.18	0	Pay
	10/10/2015	Medical	Jennifer G. R	oss, M.D	\$29.12	0	Pay
							View More
	Quick View						
			HSA Contributions	by Tax Year			

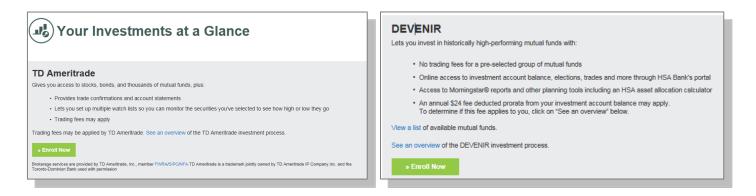
Investments Overview and Options

To understand more about TD Ameritrade or Devenir self-directed investment options, click the See an Overview link.



Investment accounts are not FDIC insured and they are not bank guaranteed. Investment accounts are not a deposit account, or an obligation of HSA Bank, and they may lose value. They are not guaranteed by any federal government agency. Performance data and ratings represent past performance and are not a guarantee of future results. Investment returns and principal value will fluctuate and investors' shares, when sold, may be worth more or less than their original cost.

Click the Enroll Now button to establish a TD Ameritrade or Devenir self-directed investment account.



Manage Existing Self-Directed Investment Account

Once you have a self-directed investment account(s) opened, you will be able to see "Your Investments at a Glance." To manage your self-directed investment account, select **Choose an Action** from the dropdown under **Manage Your Account**.

The **Manage Your Account** dropdown enables you to transfer funds to and from your investment account and view your account and transactions. You can make a one-time transfer, create a schedule of transfers, or set cash balances above a designated amount to sweep over to the self-directed investment account.



Auto-Sweep Setup

- Under the Auto-Sweep & Recurring Transfers tab, select the Auto-Sweep radio button. •
- Enter the sweep threshold. HSA funds exceeding the sweep threshold will automatically be transferred into the • specified investment accounts (% must equal 100%).
- The minimum sweep . amount is \$25.00. Click Continue.
- On the next page, you will be prompted to enter the last four digits of your Social Security number to confirm the transfer details and set up the automatic sweep.

• • • • • •

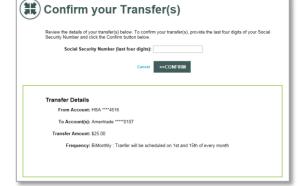
Please Note: If you need to transfer funds back to your cash account to pay for IRS-qualified medical expenses, ٠ you must temporarily suspend your sweep or the funds will be swept back into the investment account.

Recurring Transfer Setup

- Under the Auto-Sweep & Recurring • Transfers tab, select the Recurring Transfer radio button.
- Select the desired accounts to set up • the recurring transfer and specify the transfer amount.
- Select the Frequency and click . Continue.

I want to set up	Auto-Sweep: 🔘 🔋		
I want to set up a Recu	rring Transfer: 💿		
Select the account you want to transfer from:		•	Available balance: \$990.06 as of 8/5/2015
Select the account you want to transfer to:		•	Available balance: \$0.00 as of 8/5/2015
Transfer Amount:	25	Minimu	um \$ 25
Frequency:	BiMonthly	•	
	1st and 15th of each month		

On the next page, you will be prompted to enter the last . four digits of your Social Security number to confirm the transfer details and set up the recurring transfer.



I want to...Manage My Expenses

From the left-hand side of the Home Page, click **Manage My Expenses** if you want to review, add, or export expenses.



myHealth Portfolio Dashboard

The Manage My Expenses button takes you to the myHealth Portfolio page. This page provides a complete picture of

your healthcare expenses. It is a self-service dashboard that enables you to:

- Store health expense data and receipts
- File claims or distribution requests
- Initiate a provider payment
- View an easy-to-read snapshot of your healthcare finances with charts and graphs
- Consolidate health expenses and claims from multiple insurance providers (this functionality may not be available to all members)

Further,

 The graph shows expenses by category, status, recipient, and merchant provider. To change the view, click **Reset Graph** and select the view you would like to see.

Date	Expense	Recipient/Patient	 Merchant/Provider 	Submitted Amount	Status	
2/7/2018	Dental	Nora Abdo	Dr. Rossenburg	\$50.00	0	Pay
3/6/2018	Vision	Nora Abdo	Kmart Eye Center	\$25.00	0	
2/27/2018	Pharmacy	Nora Abdo	Jennifer D Ross, M.D.	\$200.00	0	Pay
3/1/2018	Laboratory	Undefined	Beacon Hospital	\$100.00	0	Pay
1/24/2018	Medical	Undefined	Family Health Clinic	\$45.00	0	Pay
Expense Details	Description: C Source: Onlin Expense Amo Payable Amou	e unt: \$45.00	Date(s) of Service: Total Billed Amoun Received Date: 3/	nt: 🚯 \$200.00		
	Upload Receip Remove Expe		dd Expense Note Ma Ipdate Expense	ark as Paid		



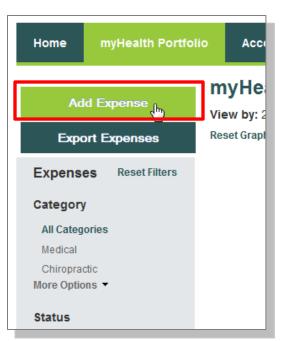
• Details of your expense transactions can be viewed by clicking any expense.

• You can edit an expense, such as the category, by clicking **Update Expense**. You also have to option to attach a receipt to the expense for convenient storage and easy access.

• You can also pay an expense by clicking the **Pay** button or clicking **Mark as Paid** if you paid for the expense out of pocket.

Add Qualified Medical Expenses

- You may want to keep track of expenses paid for with funds other than your HSA Bank Health Benefits Debit Card. To add an expense to your portfolio, click the Add Expense button on the left-hand side of the myHealth Portfolio screen. Keep in mind that you can pay for a wide range of IRS-qualified healthcare expenses with your HSA, including many that aren't typically covered by health insurance plans. This includes deductibles, coinsurance, prescriptions, dental and vision care, and more.
- For a complete list of IRS-qualified healthcare expenses, visit irs.gov or hsabank.com/IRSQualifiedExpenses.



- Complete the information regarding the expense and click
 Add.
- You also have the ability to upload a healthcare receipt for easy access to it later by clicking Upload Receipt.
- The expense will be reflected in the graph on the myHealth Portfolio dashboard.

myHealth Portfolio / Ad	dd Expense	
Expense Information		
Expense Description*	Office Visit	
Date of Service*	10/07/2015	
Total Billed Amount ®	\$ 20.00	
Expense Amount*	\$ 20.00	
Provider	Dr. Z Add Provider Address	
Expense	Medical	
Recipient/Patient	INVESTMENT TESTTHREE	
Receipt	Upload Receipt	
Source	Online	
Date Received	10/7/2015	
Notes	Paid in cash	
1		*Required
Cancel		Add

Pay Expense

Export Expenses

left-hand menu bar.

Click **Pay** if you paid out of pocket for an expense and need to be reimbursed or to pay a claim manually.

Expense	Summary	Total Expens \$420.00		Total Unpa	\$395.0	
Total Elig	ible to Submit:	\$420.00				
Date	Expense	Recipient/Patient +	Merchant/Provider	Submitted Amount	Status	
2/7/2018	Dental	Nora Abdo	Dr. Rossenburg	\$50.00	0	Pay
3/6/2018	Vision	Nora Abdo	Kmart Eye Center	\$25.00	0	
2/27/2018	Pharmacy	Nora Abdo	Jennifer D Ross, M.D.	\$200.00	0	Pay
3/1/2018	Laboratory	Undefined	Beacon Hospital	\$100.00	0	Pay
1/24/2018	Medical	Undefined	Family Health Clinic	\$45.00	0	Pay



Sample Excel Expense Export

в	C	U	E	F	6	н		1	ĸ	L	IVI	IN	0
Expense Date	Expense	Recipient/Patient	Merchant/Provider	Submitted Amount	Expense Status	Description	Expense Description	EOB Number	Source	Date Received	Date(s) of Service	Total Billed Amount	Expense Amount Pa
2/7/2018	Dental	Nora Abdo	Dr. Rossenburg	50	Unpaid		Teeth cleaning		Online	3/12/2018	2/7/2018	150	50
3/1/2018	Laboratory	Undefined	Beacon Hospital	100	Unpaid		Lab test		Online	3/12/2018	3/1/2018	200	100
1/24/2018	Medical	Undefined	Family Health Clinic	45	Unpaid		Check up		Online	3/12/2018	1/24/2018	200	45
3/6/2018	Vision	Nora Abdo	Kmart Eye Center	25	Marked as Paid		Eye exam		Online	3/12/2018	3/6/2018	125	25
2/27/2018	Pharmacy	Nora Abdo	Jennifer D Ross, M.D.	200	Unpaid		Prescriptions		Online	3/12/2018	2/27/2018	600	200
	2/7/2018 3/1/2018 1/24/2018 3/6/2018	2/7/2018 Dental 3/1/2018 Laboratory 1/24/2018 Medical 3/6/2018 Vision	2/7/2018 Dental Nora Abdo 3/1/2018 Laboratory Undefined 1/24/2018 Medical Undefined 3/6/2018 Vision Nora Abdo	2/7/2018 Dental Nora Abdo Dr. Rossenburg 3/1/2018 Laboratory Undefined Beacon Hospital 1/24/2018 Medical Undefined Family Health Clinic 3/6/2018 Vision Nora Abdo Kmart Eye Center	2/7/2018 Dental Nora Abdo Dr. Rossenburg 50 3/1/2018 Laboratory Undefined Beacon Hospital 100 1/24/2018 Medical Undefined Family Health Clinic 45 3/6/2018 Vision Nora Abdo Kmart Eye Center 25	2/7/2018 Dental Nora Abdo Dr. Rossenburg 50 Unpaid 3/1/2018 Laboratory Undefined Beacon Hospital 100 Unpaid 1/24/2018 Medical Undefined Family Health Clinic 45 Unpaid 3/6/2018 Vision Nora Abdo Kmart Eye Center 25 Marked as Paid	2/7/2018 Dental Nora Abdo Dr. Rossenburg 50 Unpaid 3/1/2018 Laboratory Undefined Beacon Hospital 100 Unpaid 1/24/2018 Medical Undefined Family Health Clinic 45 Unpaid 3/6/2018 Vision Nora Abdo Kmart Eye Center 25 Marked as Paid	2/7/2018 Dental Nora Abdo Dr. Rossenburg 50 Unpaid Teeth cleaning 3/1/2018 Laboratory Undefined Beacon Hospital 100 Unpaid Lab test 1/24/2018 Medical Undefined Family Health Clinic 45 Unpaid Check up 3/6/2018 Vision Nora Abdo Kmart Eye Center 25 Marked as Paid Eye exam	2/7/2018 Dental Nora Abdo Dr. Rossenburg 50 Unpaid Teeth cleaning 3/1/2018 Laboratory Undefined Beacon Hospital 100 Unpaid Lab test 1/24/2018 Medical Undefined Family Health Clinic 45 Unpaid Check up 3/6/2018 Vision Nora Abdo Kmart Eye Center 25 Marked as Paid Eye exam	2/7/2018 Dental Nora Abdo Dr. Rossenburg 50 Unpaid Teeth cleaning Online 3/1/2018 Laboratory Undefined Beacon Hospital 100 Unpaid Lab test Online 1/24/2018 Medical Undefined Family Health Clinic 45 Unpaid Check up Online 3/6/2018 Wision Nora Abdo Kmart Eye Center 25 Marked as Paid Eye exam Online	2/7/2018 Dental Nora Abdo Dr. Rossenburg 50 Unpaid Teeth cleaning Online 3/12/2018 3/1/2/018 Laboratory Undefined Beacon Hospital 100 Unpaid Lab test Online 3/12/2018 1/24/2018 Medical Undefined Family Health Clinic 45 Unpaid Check up Online 3/12/2018 3/6/2018 Vision Nora Abdo Kmart Eye Center 25 Marked as Paid Eye exam Online 3/12/2018	2/7/2018 Dental Nora Abdo Dr. Rossenburg 50 Unpaid Teeth cleaning Online 3/12/2018 2/7/2018 3/1/2018 Laboratory Undefined Beacon Hospital 100 Unpaid Lab test Online 3/12/2018 <t< td=""><td>2/7/2018 Dental Nora Abdo Dr. Rossenburg 50 Unpaid Teeth cleaning Online 3/12/2018 2/7/2018 150 3/1/2018 Laboratory Undefined Beacon Hospital 100 Unpaid Lab test Online 3/12/2018 3/12/2018 3/12/2018 200 1/24/2018 Medical Undefined Family Health Clinic 45 Unpaid Check up Online 3/12/2018 1/24/2018 200 3/6/2018 Vision Nora Abdo Kmart Eye Center 25 Marked as Paid Eye exam Online 3/12/2018 1/24/2018 1/24/2018</td></t<>	2/7/2018 Dental Nora Abdo Dr. Rossenburg 50 Unpaid Teeth cleaning Online 3/12/2018 2/7/2018 150 3/1/2018 Laboratory Undefined Beacon Hospital 100 Unpaid Lab test Online 3/12/2018 3/12/2018 3/12/2018 200 1/24/2018 Medical Undefined Family Health Clinic 45 Unpaid Check up Online 3/12/2018 1/24/2018 200 3/6/2018 Vision Nora Abdo Kmart Eye Center 25 Marked as Paid Eye exam Online 3/12/2018 1/24/2018 1/24/2018

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Accounts

Account Summary (Balances)

The Account Summary on the Accounts page shows the Health Savings Cash Account Available Balance and the selfdirected Investment Balance (if applicable).

Home myHealth Portfoli	io Accounts	Education & Support	Statements & Notifications	Profile	I Want to 🔻
Account Summary	Accounts	/ Account \$	Summary		
Account Activity	Health Savings	Account 🛛			Account Number : 30315231
Investments		Investment Balance			
			\$0.00		
HSA Contributions By Tax Year					
HSA Coverage Level					

Account Activity

The Account Activity page provides transaction details for your account. You can export transactions using the **Export** button. You can also see details of a specific transaction by clicking the individual transaction.

Home myHealth P	ortfolio	Account	ts Education & Support	Statements Notification		Profile		I Want to 🤜
Account Summary	A	ccoun	ts / Account A	ctivity				
Account Activity	N	ly HSA	•					
Investments	Pe	nding Tra	nsactions					Export
Balance Detail	~	equested ate	Description	I	Method	Contribution (Deposit)	Distribution (Withdrawal)	Available Cash Balance
Cash Account	T	nere are no	records to display.					
Actual Balance	Pro	ocessed 1	Fransactions					
\$2,809.1 Pending Withdrawals		rocessed ate	Description	I	Method	Contribution (Deposit)	Distribution (Withdrawal)	Actual Cash Balance
\$0.0	0 11	/30/2015	Interest		None	\$0.23		\$2,809.12
Available Balance	11	1/05/2015	Transfer Cash to Investm	nent	None		\$17.00	\$2,808.89
\$2,809.1	2 10)/31/2015	Interest		None	\$0.22		\$2,825.89
Investment Account	10)/22/2015	Participant Contribution		EFT	\$150.00		\$2,825.67
)/22/2015	Participant Contribution	I	EFT	\$150.00		\$2,675.67
HSA Contributions By Tax Yea HSA Coverage Level)/08/2015	Distribution		Check		\$78.23	\$2,525.67
Request Check Stop Payment	09	9/30/2015	Interest	l	None	\$0.24		\$2,603.90
	09)/29/2015	Distribution		Check		\$185.96	\$2,603.66
	09)/29/2015	Distribution		Check		\$185.96	\$2,789.62
	09	9/08/2015	Transfer Cash to Investm	nent	None		\$25.00	\$2,975.58
	1 2	2 >						Next >:

HSA Contributions by Tax Year

You can view HSA Contributions by Tax Year by clicking the link on the bottom left-hand side of the Account Activity screen.

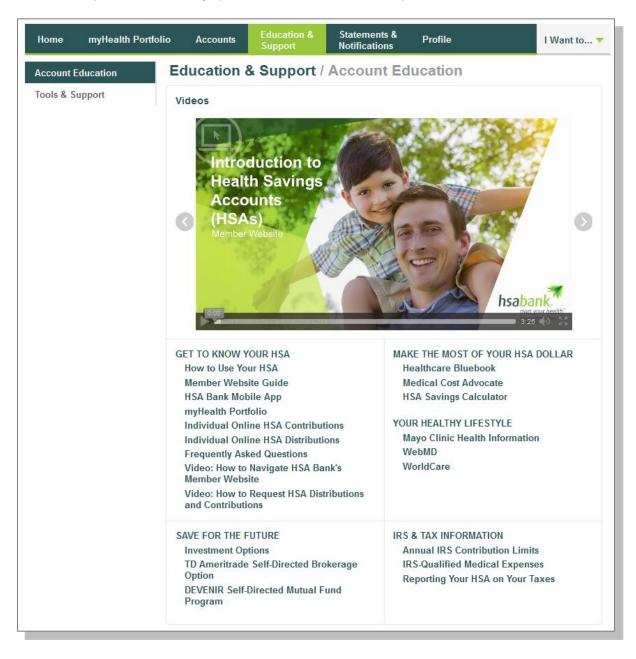
Home n	nyHealth Portf	folio Accour	nts Education & Support	Statements & Notifications	Profile		I Want to
Account Sum	mary	Accour	nts / Account /	Activity			
Account Activ	vity	My HSA	•				
Investments		Pending Tr					Export
Balance De	HSA Con		Tax Year View Example				X Available Balance
Cash Accol Actual Balan	Tax Year	IRS Maximum	Contributions	ontributions from Future Years	Rollover	Remaining Contribution Amount *	
	2015	\$3,350.00	\$3,300.00	\$0.00	\$0.00	\$50.00	tual Casl Balance
Pending Wit	* Contributions	for Prior Year are not	t included in the Remaining Con	tribution Amount.			2,809.12
Available Ba							2,808.89
							2,825.89
Investment A	Account	10/22/2015	Participant Contribution	EFT		\$150.00	\$2,825.67
	- D. T. V.	10/22/2015	Participant Contribution	EFT		\$150.00	\$2,675.67
HSA Contribution		10/08/2015	Distribution	Check	¢	\$78.23	\$2,525.67
Request Check S	Stop Payment	09/30/2015	Interest	None		\$0.24	\$2,603.90
		09/29/2015	Distribution	Check	¢	\$185.96	\$2,603.66
		09/29/2015	Distribution	Check	¢	\$185.96	\$2,789.62
		09/08/2015	Transfer Cash to Invest	ment None		\$25.00	\$2,975.58
		1 2 >					Next >

Education & Support

Account Education

The Account Education page can help answer your HSA questions and make the most of your account. The short videos provide a demo of the Member Website, including how to make HSA distributions and contributions.

The links in the "Make the Most of your HSA Dollar" and "Your Healthy Lifestyle" sections connect you to the online information and tools you need to manage your healthcare and related expenses.



Tools & Support

The Tools & Support page provides you with forms relevant to your account, quick links, and a handy "How Do I?" section that quickly directs you to the place you need to go in order to manage your account.

Home myHealth Portfoli	o Accounts	Education & Support	Statements & Notifications	Profile	I Want to 🔻
Account Education	Education	& Support	/ Tools &	Support	
Tools & Support	Automatic Or Coverage Lev Expense Eligi HSA Contribu HSA Death Be HSA Death Di HSA Diect Re HSA Distribut HSA Verificat Medical Nece Name Change Recurring De Reimburseme HSA Tax Doct Plan Summaries Health Saving Health Saving	epresentative HIPA thodontia Request el Update Form bility List tion Form eneficiary Form stribution Form ollover-Transfer For ion and Closure Form endent Care Request form endent Care Request form pendent S for pendent Care Request for pendent S for pendent S f	Form orm uest Form ules escriptions etails ocuments	How Do I? Change Payment Method Update Notification Preferences Download Mobile App Update HSA Coverage Level View Fee Schedule Quick Links Explanation of HSA Bank Health Account Fee and Statement Chi Learn About FDIC Insurance Co Member Website Guide Privacy and Opt-Out Notice Security Website Demos	h Savings anges

Statements & Notifications

Statements

The Statements & Notifications page provides access to statements and the ability to update notification preferences. Click the link to the account or tax statement you want to view. You can also print the document.

Home	myHealth Portfolio	Accounts	Education & Support	Statements & Notifications	Profile	I Want to 🔻
Statem	ents & Notifi	cations				
Statemen	its			Notifications	Update Notification Preferences	
HSA Acco	unt Summaries			No notifications a	are available at this time.	
HSA Acco	ount Summary (2/1/201 ount Summary (1/1/201 ount Summary (12/1/20	8 - 1/31/2018)				
HSA Tax S	tatements					
5498-SA 1099-SA 5498-SA	(2015)					

Delivery Preferences

- Click Update Notification Preferences.
- In the Contact Information section, you can update your mobile and email contact information.

iome	myHealth Portfolio	Accounts	Education & Support	Statements & Notifications	Profile	I Want to
State	ments & Notifi	cations /	Update No	tification Pr	eferences	
	ve text alerts about your a essage below. Standard f					
Conta	ect Information					*Required
Mobile	e Number*	(555) 271 - 8144	4		
Mobile	e Carrier *	Your mo		used only for the pur account. This informa		
Time 2	Zone *	(UTC-	05:00) Eastern Tim	e (US & (•		
Email	Address	kyross	@hsabank.com			
Confir	m Email Address					
		email a notified (such a and Ta: on the	provide a valid an ddress to ensure t when important d s your HSA Accou (Statements) beco Member Website. il address to selec	hat you are ocuments int Summary ome available You will need		

Notification Alerts

In the Statements & Notifications Options section, you will see Electronic Preferences and Alert Preferences. Review each of the notification categories to set, edit, or turn off text and email notifications as appropriate or switch between online or paper notices and statements. Please note, the available options may vary depending on your account type, options, and more.

ou will receive statements, notifications, and bank disclosures based on the Ele- erts based on your Alert Preferences. Go paperless today by opting for Online p oplicable to help you stay in control of your account on the go!					
	Electronic P	references	Alert Preferences		
Statements	Online	Paper	Email	Text	
HSA Account Summary Automatically emailed based on whether or not you have an email address	Available		Emailed	×	
HSA Tax Documents Automatically emailed based on whether or not you have an email address	Available		Emailed	×	
Banking Notices/ Disclosures	_			-	
Contributions					
Contribution posted to your HSA	-	-			
HSA available cash balance is below \$	_	-			
HSA contributions year-to-date are within \$ of the IRS maximum	_	-			
nvestments					
Eligible to open a HSA investment account Automatically emailed based on whether or not you have an email address	-	-	Emailed	-	
Payments					
Payment issued out of your HSA	-	-			
Withdrawal from your HSA exceeds \$	_	-			
Debit Card					
Debit Card has been mailed	-	-	-		
Debit Card purchase has been made Automatically aiert when a debit card purchase has been made on one of your accounts. Heips to quickly Identify possible fraudulent activity	-	-			
Cancel				Submit	

Profile

Profile Summary

The Profile page assists with reviewing your personal demographic information and offers the functionality to add an external bank account for online contributions and distributions from your HSA. Use the profile tab to view your setup details.

In addition to updating your demographic information, you can add dependents, beneficiaries, and authorized signers to your account.

Update Profile

Use the **Update Profile** link to update your address, phone number, email address, marital status, and gender. *If your name has changed, please complete the Name Change Request Form located within the Tools & Support page under the Education & Support tab.*

nyHealth Portfolio	Accounts	Education & Support	Statements & Notifications	Profile	IN	Vant to
	Profile / Pro	file Sumn	nary			
	Profile	Update Pro	ofile	Dependents	Add Dependent	
nod	Nora Ado			No dependents		
ation	605 N 8th St			Beneficiaries	Add Beneficiary	
		81		No beneficiaries		
				Authorized Signers	Add Authorized Signe	r
		m		No Authorized Signers	5	
	Gender Female	Marital Sta Married	tus			_
	Participant Accour 9002135775	nt ID				
	nod	nod ttion Profile / Pro Profile Nora Ado Address 605 N 8th St Sheboygan, WI 530 United States (555) 803-5555 email@hsabank.com Gender Female Participant Account	nod tion Accounts Support Profile / Profile Sumn Update Pro Nora Ado Address 605 N 8th St Sheboygan, WI 53081 United States (555) 803-5555 email@hsabank.com Gender Female Participant Account ID	Accounts Support Notifications Profile / Profile Summary Profile Update Profile Nora Ado Address 605 N 8th St Sheboygan, WI 53081 United States (555) 803-5555 email@hsabank.com Gender Marital Status Female Participant Account ID	nod nod nod nod nod nod nod nod	Accounts Support Notifications Profile IV Notifications Profile IV Profile / Profile Summary Profile Update Profile Dependents Add Dependent No dependents Address 605 N 8th St Sheboygan, WI 53081 United States (555) 803-5555 email@hsabank.com Gender Marital Status Female Married Participant Account ID

Add Dependents

Use the **Add Dependent** link to add, view, or update dependents. Dependents added appear in myHealth Portfolio and the Pay Bill / Contribute pages.

Add Beneficiary

You can designate a beneficiary to receive your HSA assets in the event of your death by clicking **Add Beneficiary**. If you are married and domiciled in a community property state, you can designate your spouse as the primary beneficiary through the website. However, if you designate a non-spouse primary beneficiary, you must submit a beneficiary form with the notarized consent of your spouse.

Add Authorized Signer

An authorized signer may be added through the Profile tab. Authorized signers can access the account and submit updates on the account. Additionally, authorized signers normally receive an HSA Bank Health Benefits Debit Card.

- Navigate to the Profile page and click Add Authorized Signer.
- Complete the information and click **Submit**.

Home n	nyHealth Portfolic	Accounts	Education & Support	Statements & Notifications	Profile	I Want to
Profile		Profile / Ac	dd Authoriz	ed Signer		
Banking/Caro		Authorized Sig	ner Information			
Login informa	ation	Name *	Firs	t Name	M	
Dependents	lent to populate		Las	t Name		
form Kylie Ross	ient to populate	SSN *		-	-	
Clear		Birth Date *	mm	/dd/yyyy		
		Address *	Add	ress Line 1		
			Add	ress Line 2		
			City			
			Sel	ect a state	Zip Code	
		Phone *		-	-	
						*Required
		Cancel				Submit
		Cancer				Submit

Banking/Cards

On the Banking/Cards page, you can view HSA Bank Health Benefits Debit Card information, report lost and stolen cards, request a replacement card, add an external bank account, and order checks.

Report a Lost or Stolen Card

 Click Report Lost/Stolen and submit the form to request a replacement card and cancel the lost or stolen card.

Home	myHealth Portfolio	Accounts	Education & Support	Statements & Notifications	Profile	I Want to 🔻
Profile		Banking / C	ards			
Banking/Ca	ards	Bank Accounts	Add Bank A	Account	Debit Cards	
Payment Method Login Information		No bank accounts Checks Order Checks	exist		PVT TEST 32 Card Number: x4417 † Status: Active Expires: 7/31/2018 Effective: 8/4/2015	
					Report Lost/Stolen Order Replacement	
		† Request New Person	al Identification Num	ber (PIN) Toll Free Nu	umber: (866) 898-9795	

Order a Replacement Card

 Click Order Replacement. Confirm your information is accurate, and then click Submit to order a replacement card. A card issuance fee may apply; please refer to your HSA Bank Fee and Interest Rate Schedule for more information.

Home	myHealth Portfolio	Accounts	Education & Support	Statements & Notifications	Profile		I Want to	
Profile		Cards / Or	der Replac	ement Card				
Banking/Ca	ards	Card Informat	ion					
Payment M	ethod	Selected Card		PVT TEST 32 x4417				
Login Infor	mation	Current Status	Act	Active				
		Replacement	Card					
		Your Mailing Address PVT TEST 32 1127 E Main St HOBOKEN, NJ 07030 United States Update Your Mailing Address						
		* A new card with the same card number will be issued and mailed to the primary cardholder's address to replace the card within 5-7 business days.						
		* The cardholder musi international mailing a	t have a United States m ddress, a card will not b	ailing address to receive a e generated.	new card. If a ca	rd is requested and the card	nolder has an	
		Cancel					Submit	

Order Checks (optional – fees may apply)

From the Profile screen and the Banking/Cards tab, click **Order Checks**.

Complete the check order and click the **Order Checks** link at the bottom of the page. The fee for the checkbook will be withdrawn from your HSA. Please refer to your HSA Bank Fee and Interest Rate Schedule for more information.

Add External Bank Account You must have an active external bank account on file in order to make an online contribution to or reimburse yourself from your HSA. If you need to set up your external bank account, click the Banking/Cards link.

- Click the Add Bank Account link and . enter the information regarding your checking or savings account and financial institution name and address. Click the **Submit** button at the bottom of the screen. Please confirm your account number and ACH routing number with your external bank.
- After you have submitted the account . information, HSA Bank will send a small deposit to your account within three business days to verify your banking information.
- Once the deposit is received in your . external account, you will validate your banking information using the steps below.

Validate External Bank Account

- Navigate to the Banking/Cards section of . the Profile page.
- Click Activate under your bank account . information.
- You will need to activate the account by • entering the amount of the small transaction from your checking/savings account.

Home	myHealth Portfolio	Accounts	Education & Support	Statements & Notifications	Profile		I Want to
Profile		Banking /	Add Bank	Account			
Banking/0	Cards						
Payment	Method	Bank Account	Information				*Required
Login Info	ormation	Routing Number	er*0				
		Account Numb	er *				
		Confirm Accou	nt Number *				
		Account Type *	CI	necking	•		
		Account Nickn	ame * 0				
		Bank Institutio	on Information				
		Bank Name *					
		Bank Address	Ad	dress Line one			
			Cit	у			
			Se	elect a state	Zip Code	e	
		Cancel					Submit



Banking / Cards



- Enter the amount of the small transaction (\$.01 to \$1.99) to your checking or savings account from Webster Bank in the Amount field and click Submit.
- This account will now be available for contributions and paying bills and reimbursements.

Profile	Dunking	ate Bank Account
Banking/Cards	Activation Details	
		ount you must verify the emount that was deposited to the account below. You are before the account will be locked.
	Bank Name	JPMORGAN CHASE BANK, NA
	Routing Number	3000/0037
	Account Number	xxxx4567
	Amount *	\$ I
		Enter the amount deposited into your account.
		"Replined
	Cancel	Salut

Getting Help

If you need further assistance with the Member Website, or with any day-to-day Health Savings Account questions, contact:

HSA Bank Client Assistance Center Phone: 800-357-6246 (available 24/7, excluding major holidays) Email: <u>mailto:askus@hsabank.com</u> Fax: 877-851-7041

You can also chat with us live through the Member Website! Clic k **Live Chat** to begin.

