# Member Website Guide



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## **MEMBER GUIDE**

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## **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
- Pay Bill/Contribute (Online Contribution and Distribution setup)
- Managing your Investments (if applicable)
- Adding an Authorized Signer to your account
- Ordering additional debit cards
- myHealth Portfolio <sup>SM</sup>



**Initial Login Process** 

To create your account online, go to <u>https://hcsc.hsabank.com</u>. Select the 'Create your new username and password' link from the bottom of the page.

Login to your	account	
Username		Forgot Username?
Password		Forgot Password?
	Login	
New User?		
Create your r	new username and passwo	ord

#### Step 1:

Enter the identifying information requested on the page.

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

#### Step 2:

Answer three security questions. (The questions shown are sample 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)?	*	
		*Req

Username*	
	Your usemame 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 (%), ampresent (&), and adsertisk (*).
Confirm Password*	
	*Require

#### Step 3:

Create your Username and Password.

#### Step 4:

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

You must accept the terms and conditions	for this account by reviewing and accepting all agreements listed below.
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 & Notific	ations / 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 a	nd notices, in addition to the items listed below, based on the delivery method you select below.
Delivery Method	Online      Paper and 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 855-731-5220.

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

#### **Forgot Username/Password**

If you have forgotten 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 into 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:
  - a. Pay Bill/Contribute (Contribution or Withdrawal)
  - b. Manage Investments
  - c. Manage My Expenses

- I Want To... Pay Bill / Contribute Manage Investments Manage My Expenses
- Starting with the top navigation you may access information via 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.
  - Home
  - myHealth Portfolio<sup>SM</sup>
  - Accounts
  - Education & Support
  - Statements & Notifications
  - Profile



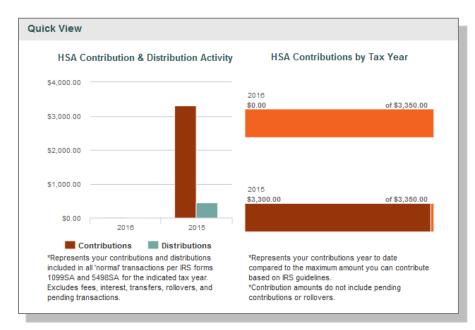
- Your **Message Center** on the homepage helps you stay on top of your account with a variety of notifications or calls to actions, such as a message to alert you once you are eligible to open an investment account, notice of external bank account that need to be validated, or a link to download the Mobile App. *For more information, please see the Message Center section on page 9.*
- Click on the bolded text in the message center to navigate you to the page needed to execute the call to action.



- Below your Message Center you will see a snapshot of your 3 most recent expenses. You can click on the 'View More' link to review all expenses on the myHealth Portfolio<sup>SM</sup> 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 in recent expenses will show as paid.

Home myHealth Portfolio	Accounts	Education & Support	Statements & Notifications	Profile	
I Want To Pay Bill / Contribute Manage Investments Manage My Expenses		our Email ress Up to <sub>ERE</sub>	Date?	We're committed to keeping your information safe and secure, and delivering vital communications to you. That's why it's so important that we have your current email address.	•
Available Balance  Cash Account Cash Account \$1,364.83	Message Cen Download Mobil To get your mor Recent Trans	e App ney faster , set up a b	ank account for direc	t deposit	
	Date 🕶	Expense	Merchar	nt/Provider Submitted Amount	Status
Important Information HSA Bank is committed to	5/30/2017	Dental	-	\$79.40	0
protecting your personal and financial information.	4/3/2017	Medical	-	\$146.90	0
For complete details, please review our current Privacy and Opt-Out	3/6/2017	Vision	-	\$49.00	Ŭ
Notice. Click here.	Quick View				View More

• At the bottom of the Home page is the Quick View section, which graphically displays key metrics, making it easy to track your contributions to date. You can also assess your saver vs. spender habits year-over-year with the contribution and distribution activity graph.



The HSA contribution and distribution graph reflects the maximum contribution limit based upon a Member's 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 will help 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 on each item will bring you to the relevant page or pop up 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.

Message Center 2

To get your money faster, set up a bank account for direct deposit Action required to open your account View More

- This message indicates that HSA Bank needs additional documentation to maintain your open account. Clicking "View More" will provide additional information on why we require this, as well as how to send in your documentation.
- 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.

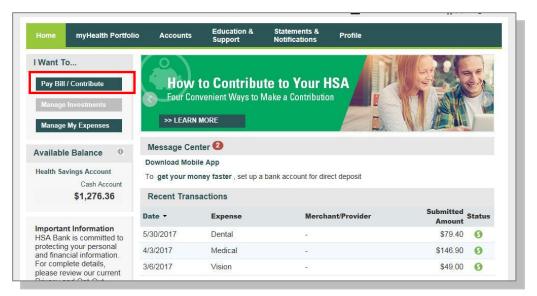
Action Required to Open Your Account

In accordance with the USA PATRIOT Act, Federal law requires all financial institutions to obtain, verify, and record information that identifies each individual or entity opening an account. During our account opening process, we were unable to verify some of your information. While your account is currently open, it will be closed 60 days after the date of opening if we do not receive the necessary information to confirm your identity. To confirm what information is needed, please reference the letter that was mailed to you or call the number on the back of your debit card. Action Required: Please complete the Health Savings Account Verification Form and submit copies of the necessary documentation to validate your identity at www.hsabank.com/IDdocuments or via askus@hsabank.com. Once your documentation is validated, this message will no longer appear in the message center. If you recently submitted documentation, processing time normally takes 1-2 weeks. If you would like to inquire on the status of your documentation validation, please call the number on the back of your debit card for further assistance.

×

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

From the left hand 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 on the Add Bank Account link

Bank Account Information Routing Number *  Account Number * Confirm Account Number * Account Type * Checking  Account Nickname * Bank Institution Information Bank Name * Account Address * Account Address Line 1	• Zp Code	Add Bank Account		
Account Number * Confirm Account Number * Account Type * Checking * Account Nickname * Bank Institution Information Bank Name *	• Zıp Code	Bank Account Information	1	
Confirm Account Number * Account Type * Checking Account Nickname * Bank Institution Information Bank Name *	• Zıp Code	Routing Number *		
Account Type * Checking • Account Nickname * Bank Institution Information Bank Name *	• Zıp Code	Account Number *		
Account Nickname *  Bank Institution Information Bank Name *	• Zıp Code	Confirm Account Number *		
Bank Institution Information Bank Name *		Account Type *	Checking •	
Bank Name *		Account Nickname * 🛛		
		Bank Institution Informati	on	
Bank Address * Address Line 1		Bank Name *		
		Bank Address *	Address Line 1	
City			City	
Select a state • Zip Code	*Required		Select a state • Zip Code	
				*Required

Home	myHealth Portfolio	Accounts	Education & Support	Statements & Notifications	Profile	I Want to
Balance	Detail 0	Accounts	/ Pay Bill /	Contribute		
		Create Transa	ction			* Required
		From *	M	y HSA	•	
		To *	Se	elect an account	•	
			Ado	Bank Account		
		Cancel				Next

#### Add External Bank Account

To add a new account, click on Add Bank Account, complete your banking information, and click on submit. (See Profile section in this guide 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 Make HSA Transaction Page, select: My HSA in the **From** field and Someone Else in the **To** field, and then click Next.

reate Transactio	n	* Required
From *	My HSA	•
To *	Someone Else	-
Based on your selec	tions, you will be requesting a distribution (withdr	awal).

## 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 <u>Payee Name</u> field (information will appear on the printed check for reference).
- Complete the information (this will be who the check is made payable to).
- Include an account number if applicable. The <u>Account Number</u> will also appear on the printed check.
- Complete the address of where the check should be mailed.
- Once you have completed the Payee information, click Next.

#### Accounts / Make HSA Transaction

Payee Details	
Payee *	<ul> <li>Add a New Payee</li> <li>Select a Saved Payee</li> </ul>
Payee Name *	
	Enter who provided this service (this may be a physician, hospital, etc.)
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 Next

## **Payment Transaction**

• Enter the frequency one-time or schedule and click on Next.

Accounts / Make	HSA Transaction
Transaction Schedule Frequency * <sup>(1)</sup>	One-time      Schedule     Schedule
Summary From	My HSA
То	Someone Else
Cancel	Previous Next

# **Payment Transaction Details**

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

• Enter the amount, category of the expense, recipient/patient, and notes, and click on Next.

Transaction	Summary	and	Confirmation
-------------	---------	-----	--------------

- View the transaction summary and read and agree to the Distribution Disclaimer.
- Confirm the transaction and select Submit or enter another transaction.

A	Accounts / Transaction Summary						
	Transaction	Summary (1)					
	From	То	Expense	Amount			
	My HSA	Test	Dental	\$1.00	Remove		
	Total Amount			\$1.00			
	Normal Dist	ribution Disc	laimer		🧭 Agreed 🗸 🗸		
	distribution re applicable co expenses hav plan, and will consequence custodian/trus and their desi	equest. I am cla verage period ve not previous not be claimed es resulting fror stee cannot pro- ignated represen- the financial tr	iming reimburseme for myself and/or my ly been reimbursed d as an income tax o n this distribution. I povide legal advice. I entative harmless a	nt only for eligible e: / legal dependent(s) or will not be reimbled leduction. I certify the understand that my indemnify and agreed gainst any liabilities.	authorized to execute this xpenses incurred during the under the plan. These ursed under any other benefit at I am responsible for any designated representative or e to hold the custodian/trustee mestic purposes only and will		
	I have real	id, understand,	and agree to the in	formation and terms	above.		
	Cancel			Save for Later	Add Another Submit		

#### Make a Contribution

To make a post-tax contribution, from the Make HSA Transaction page, select a bank account on file in the **From** field and select My HSA in the **To** field. Note: if you do not have a bank account on file, you can click on 'Add Bank Account' and follow the steps.

Home myHealth Portfoli		ducation & upport	Statements & Notifications	Profile	I Want to 🔻
Balance Detail 0	Accounts / M	ake HSA	Transactio	n	
Cash Account	Create Transactio	n			
Actual Balance \$2,809.12	From *	My	Checking / Checking	(xxxx0001) •	
Pending Withdrawals		Upda	te Bank Account		
\$0.00 Available Balance	То *	Му	HSA	•	
\$2,809.12	Based on your select	tions, you will t	be requesting a con	tribution (deposit).	
					* Required
	Cancel				Next

Select your contribution schedule:

- One-Time
- Recurring (Schedule)

Transaction Schedu	le
Frequency *	One-time      Schedule
Schedule *	Monthly      Weekly
	Day: 1 • of every 1 • month(s)
	On the: First      Monday      of every 1      month(s)
Start Date *	10/10/2015
End Date	None
	End by     mm/dd/yyyy
Summary	
From	My Checking / Checking (xxxx0001)
То	My HSA
Cancel	Previous Next

Transacti	on Details					
Tax Year *	0	2015				
Amount *		\$				
Notes					÷	
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	1			
						* Required
Cance	4			Pr	evious	Next

If you are making a contribution between January 1st and April 15th, 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. Click Next.

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

Contributions from your personal external bank account will generally be withdrawn within 2 to 3 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 Health Savings cash account (if applicable).

You may also access the Investments page by clicking the **Accounts** tab from the menu bar, and then clicking on the **Investments** tab on the left side panel.

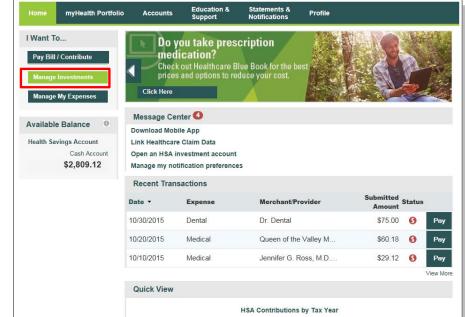
Please note, the link on the homepage to Manage Investments and an overview of the options on the investment page are not available until you have the minimum

balance in your HSA health savings cash account (if applicable).

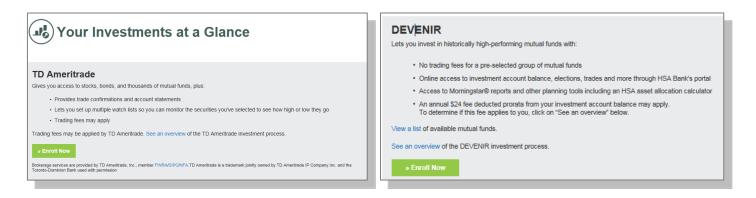
## **Investments Overview and Options**

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

Home	myHealth Portfolio	Accounts	Education & Support	Statements & Notifications	Profile	I Want to 🔻								
Account S	ummary	Accounts /	Investme	nts										
Account A	ctivity	Saving fo	r a heal	thy future	2									
Investments Balance Detail Cash Account		<ul> <li>Saving for a healthy future?</li> <li>Investing your HSA funds will help you build tax-free earnings. And HSA Bank is known for offering some of the highest quality self-directed HSA investment options in the industry.</li> <li>Your investment program may require a minimum cash balance to participate. Once you reach the minimum balance, you can enroll in the program by clicking on Manage Investments in the "I Want to" menu (above).</li> </ul>												
								Actual Bala	ance	NOTE: Until you reach the minimum balance, the "Manage Investments" link will be inactive.				
								\$1,276.36 Pending Withdrawals		To learn more, click	on Mana <mark>ge I</mark> nve	stments in the "I Wa	ant to" menu (above).	
	\$0.00	Investment Accou	nt		Fair Market Value									



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, click on **Choose an Action** from the drop down under Manage Your Account.

The Manage Your Account drop down enables you to transfer funds to and from your investment account and view your account/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 cash account 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 4 digits of your Social Security Number to confirm the

I want to set up Auto	-Sweep: 💿 📀
I want to set up a Recurring T	ransfer: 🔘
Select the account you want to transfer from:	HSA ****5376
Indicate the percentage you wish to distribute to your account(s):	
Sweep Threshold:	Minimum \$ 100
HSA cash account funds exceeding the Sweep threshold will automatically be transferred into the specified Investment accounts(s)	
Minimum Sweep:	\$25.00
Minimum amount that will be transferred from your HSA to the specified investment account(s) when you exceed the Sweep Threshold.	
	Cancel >> Continue

transfer details and set up the automatic sweep.

#### **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.

Select one of the following options:		
I want to set up	Auto-Sweep: 🔘 📀	
I want to set up a Recur	ring Transfer: 💿	
Select the account you want to transfer from:	HSA ****4516	Available balance: \$990.06 as of 8/5/2015
Select the account you want to transfer to:	Ameritrade *****0107	Available balance: \$0.00 as of 8/5/2015
Transfer Amount:	25 Minim	um \$ 25
Frequency:	BiMonthly	
	1st and 15th of each month	
		Cancel >> Continue

• On the next page, you will be prompted to enter the last 4 digits of your Social Security Number to confirm the transfer details and set up the recurring transfer.

Review the detail Security Number	s of your transfer(s) below. To confirm your transfer(s), provide the last four digits of your Socia and click the Confirm button below.
Social	iecurity Number (last four digits):
	Cancel >>CONFIRM
Transfer Det	ails
From Acc	ount: HSA ****4516
To Accou	tt(s): Ameritrade *****0107
Transfer Am	punt: \$25.00
	ncv: BiMonthly : Tranfer will be scheduled on 1st and 15th of every month

## I want to...Manage My Expenses

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

<b>mvHealth</b>	<b>Portfolio</b> <sup>SM</sup>	Dashboard

The Manage My Expenses button will take you to the myHealth Portfolio<sup>SM</sup> page. This page provides a complete picture of your healthcare expenses. It is a self service dashboard that allows 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 on Reset Graph and select the view you would like to see.
- Details of your expense transactions can be viewed by clicking on any expense.
- You can edit an expense, such as the category, by clicking on Update Expense. You also have to option to attach a receipt to the expense for convenient storage and easy access.
- You may also pay an expense by clicking the Pay button.

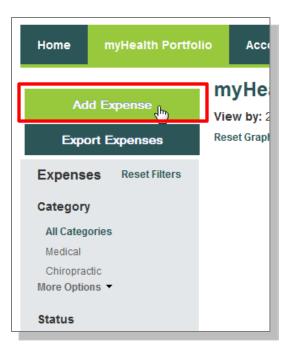
Date 🔻	Expense	Recipient/Patien	t Merchant/Provider	Submitted Amount	Status	
10/8/2015	Medical	-	-	\$78.23	0	
9/29/2015	Medical	-	-	\$185.96	0	
9/29/2015	Medical	-	-	<b>\$1</b> 85.96	0	
9/2/2015	Medical	-	-	\$142.63	0	Pay
Expense Details	Description: Source: Onli Received Da		Expense Ar	ervice: 9/2/2015 nount: \$142.63 nount: \$142.63		
	Upload Rece Remove Exp		Add Expense Note Update Expense	Mark as Paid		





#### 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 on the Add Expense button on the left hand side of the 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, co-insurance, 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 on Add.
- You also have the ability to attach/upload a healthcare receipt for easy access to it later.
- The expense will be reflected in the graph on the myHealth Portfolio<sup>SM</sup> dashboard.

myHealth Portfolio	Add Expense	
Expense Information		
Expense Description*	Office Visit	
Date of Service*	10/07/2015	
Total Billed Amount 0	\$ 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	
I	"Requir	ed
Cancel	Add	

#### **Pay Expense**

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 Healthcare Exper \$1,200		Expenses	Total Unpa	aid Expe \$457	
Total Eligi	ible to Submit:	\$750.05					
Date 🔻	Expense	Recipient/Patient	Merchant/Provider	r	Submitted Amount	Status	
10/7/2015	Medical	-	-		\$78.23	0	
9/29/2015	Medical	-	-		\$185.96	0	
9/29/2015	Medical	-	-		\$185.96	0	
9/2/2015	Medical	-	-		\$142.63	0	Pay
9/2/2015	Pharmacy	-	-		\$10.00	0	Pay
8/26/2015	Dental	-	-		\$95.00	0	Pay
7/29/2015	Chiropractic	-	-		\$45.00	0	

#### **Export Expenses**

To export your expenses to use for other purposes, click on the Export Expenses button on the left side menu bar.



## Sample Excel Expense Export

<b>^</b>	0	<i>.</i>	-	<u> </u>				IN IN	-		18	<u> </u>		~			
Expense II	Expense E Expense	Recipient, Mer	chant, Submitte	Expense !	Descriptio	Expense [	EOB Num	Source	Date Rece	Date(s) of	Total Bille	Expense A	Payable A	Notes	Payee	Provider A	Provider
8454	7/7/2015 Other		20	Paid		doctor		Online	7/7/2015	7/7/2015	20	20	0				

#### Accounts

**Account Summary (balances)** 

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

Home myHealth Portfol	io Accounts	Education & Support	Statements & Notifications	Profile	I Want to 🔻
Account Summary	Accounts	/ Account \$	Summary		
Account Activity	Health Savings	Account 🐵			Account Number : 30315231
Investments		Av	vailable Cash Balance	•	Investment Balance
			\$2,809.12		\$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 on 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	Pre	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	I	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 Investn	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 on the link on the bottom left hand side of the Account Activity screen.

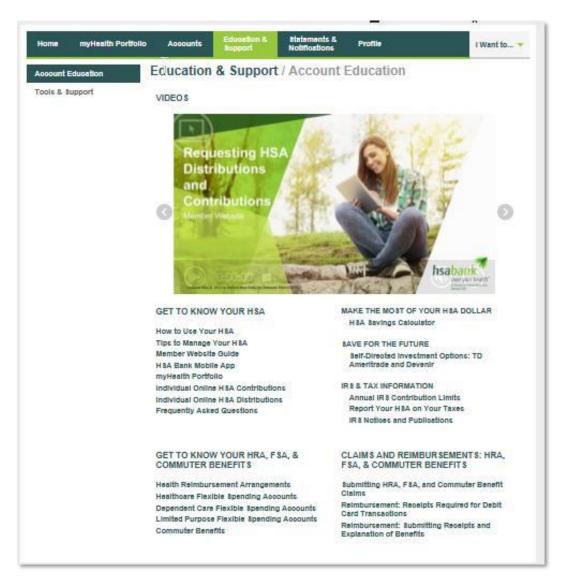
								l Want to 🔻
Account s	Summary		Accour	nts / Accou				
Account /	н	ISA Co	ntributions By	Tax Year View Ex	kample		>	Expert
Balance Cash Acc		Tax Year	IRS Maximum	Contributions	Contributions from Future Years	Rollover	Remaining Contribution Amount *	n Available I) Cash Balance
Actual Ba		2017	\$6,750.00	\$1,292.28	\$0.00	\$0.00	\$5,457.72	
	AND DOMESTICS	2016	\$6,750.00	\$1,658.34	\$0.00	\$0.00	\$5,091.66	
	Withdr *	Contributio	ns for Prior Year are no	t included in the Remai	ining Contribution Amount.			n Actual Cash I) Balance
		\$0.00	09/08/2017	Payroll Contribut	tion E	FT	\$88.46	\$1,276.36
Available			08/31/2017		N			\$1,187.90
	\$1,2		08/25/2017			FT		
Investme	int Accour	nt	08/14/2017				\$88.46	\$1,099.39
			07/31/2017		N		\$0.04	
			07/31/2017			FT	\$88.46	\$1,010.89
			07/13/2017					

## **Education & Support**

#### **Account Education**

The **Account Education** page will help answer your Health Savings Account questions and make the most of your account. The short videos will 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 Health Lifestyle' sections will connect you to the online information and tools you need to manage your healthcare and related expenses.



# **Tools & Support**

The **Tools & Support** page will provide you with forms, quick links, and a handy 'How Do I?' section that will quickly navigate you to the place you need to go in order to manage your account.

Home myHealth Portfo	olio Accounts	Education & Support	Statements & Notifications	Profile	I Want to 🔻
Account Education	Education	& Support	/ Tools &	Support	
Tools & Support	Debit Card Tra Expense Eligi HSA Contribu HSA Death Be HSA Direct Re HSA Distribut HSA Verificati Name Change HSA Tax Doct Plan Summaries Health Saving Rules & Agreem Esign Conser Online Servic Contact Us HSA Bank Cli P.O. Box 939 Sheboygan, V Phone: (855) 7 Fax: (877) 851 Email: askus@	el Update Form ansaction Dispute bility List tion Form eneficiary Form ollover-Transfer Fo ion and Closure F ion and Closure F ion Form Request Form uments is Account Plan Do nents at Agreement es Agreement ent Assistance Ce VI 53082 (31-5220@	orm orm etails	How Do I? Change Payment Metho Report Card Lost or Sto Update Notification Pre Download Mobile App Update HSA Coverage I View Fee Schedule Quick Links HSA Rates & Tax Info Learn About FDIC Insur Mayo Clinic Health Info Member Website Guide Privacy and Opt-Out No Security	olen ferences Level rance Coverage rmation

## **Statements & Notifications**

#### **Statements**

The **Statements & Notifications** tab provides access to statements and tax documents, and the ability to Update Notification Preferences. Click on the link to the statement you want to view. You may also print the statement.

lome	myHealth Portfolio	Accounts	Education & Support	Statements & Notifications	Profile	I Want to 🔻
Stater	ments & Notifi	cations				
Statem	ents		_	Notifications	Update Notification P	references
HSA Aco	count Summaries			No notifications a	are available at this time	
HSA A	ccount Summary (4/1/201 ccount Summary (1/1/201 ccount Summary (10/1/20 II	17 - 3/31/2017)				
HSA Tax	Statements		-			
	A (2016) A (2016)					

## **Delivery Preferences**

- Click on Update Notification Preferences.
- Under the notification section, you can view or change your delivery method preference for account summaries, tax forms, and certain bank disclosures and notices.

Home	myHealth Portfolio	Accounts	Education & Support	Statements & Notifications	Profile	l Want to 🔻
State	ments & Notific	cations / l	Jpdate Not	ification Pre	ferences	
Conta	ct Information					
Email	Address	kyrossi	@hsabank.com			
Confir	m Email Address					
		address when im your HS Stateme Member	provide a valid and o to ensure that you portant documents A Account Summar ints) become availa Website. You will n Idress to select any alerts.	are notified (such as ry and Tax ible on the need an		
	ations	and notices in a	dition to the items !	lated below based or	the delivery method you select h	alaur
	ry Method		ne  Paper and Or		LUE VEIVELY MENDO VOIL SPIELLO	CR. W
For			count Summary			

#### **Notification Alerts**

Under the delivery preference section, you will see Alert Options. Expand the notification categories to set, edit, or turn off notifications as appropriate. Please note, the available options may vary depending on your account type, options, etc.

Alert Options		
Alert	Email O	Text Message
Claim Alerts		
New expense is available for you to take action		
Contribution Alerts		
Contribution posted to your HSA		
HSA available cash balance is below \$		
H\$A contributions year-to-date are within \$ of the IR\$ maximum	127	
Investment Alerts		
Payment Alerts		
Payment lesued out of your H&A	127	
Withdrawal from your HSA exceeds \$		
Statement Alerts		
HSA Account Summary is available online Automatically sent based on whether or not you have an email address	Emailed	
H\$A tax documents are available online	Emailed	
Autometically sent based on whether or not you have an email address		
Debit Card Alerts		
Deblf Card has been mailed		N
Deblf Card purchase has been made Automatically alert when a debit card purchase has been made on one of your accounts. Helps to outokly identify possible floudulent activity		
Cancel		Submit

## Profile

#### **Profile Summary**

The **Profile** tab will assist with reviewing your personal demographic information, along with offering 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/or authorized signers to your account.

#### **Update Profile**

Use the 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.

Home	myHealth Portfolio		Education & Support	Statements & Notifications	Profile		I Want to 🔻
Profile		Profile / Prof	ïle Summ	ary			
Banking		Profile	Update Pro	file	Dependents	Add Depend	ent
Login Info	rmation	LISA MIBANKING Home Address 929 GRAY FOX CIR( PLEASANTON, CA 9 United States			No dependents		
		Mailing Address 929 GRAY FOX CIRC PLEASANTON, CA 9 United States					
		(555) 867-5311 kshaw@hsabank.com	n				
		Gender Unspecified	Marital Stat	tus			
		Employer Employee 2281969	ID Username kshawtest19	979			
		Participant Account 9000004791	t ID				

#### **Add Dependents**

Use the Add Dependent link to add, view or update dependents. Dependents added will appear in myHealth Portfolio<sup>SM</sup> and the Make HSA transaction pages.

#### **Add Beneficiary**

You may designate a beneficiary to receive your Health Savings Account assets in the event of your death. If you are married and domiciled in a community property state, you may designate your spouse as primary beneficiary via the website. However, if you designate a non-spouse primary beneficiary, you must submit a beneficiary form with the notarized consent of your spouse.

Profile	Update Profile	Dependents	Add Dependent		
PVT TEST 31		No dependents			
TEST STREET CITY, ST 00000		Beneficiaries	Add Beneficiary		
EMAIL@HSABANK.C	OM	No beneficiaries			
Gender Unspecified	Marital Status Unspecified	Authorized Signers	Add Authorized Signer		
Participant Accoun	tID	Birth Date: 1/1/1900			
XXXXXXXX		View / Update			

#### **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 get an HSA Bank Health Benefits Debit Card.

- Navigate to the Profile screen and click Add Authorized Signer.
- Complete the information and click on the Submit button.

Home myHealth Porti	folio Accounts	Education & Support	Statements & Notifications	Profile	I Want to
Profile	Profile / Ac	dd Authoriz	ed Signer		
Banking/Cards	Authorized Sig	ner Information			
Login Information	Name *	Firs	t Name	N	Π
Dependents		Las	t Name		
Select dependent to populate form Kylie Ross	SSN *		-	-	
Clear	Birth Date *	mm	ı/dd/yyyy		
	Address *	Add	ress Line 1		
		Add	ress Line 2		
		City			
		Sel	ect a state	▼ Zip Code	
	Phone *		-	-	
					*Required
	Cancel				Submit

#### **Banking/Cards**

You can view HSA Bank Health Benefits Debit Card information, report lost and stolen cards, and request a replacement card on the Banking/Cards page.

#### **Report a Lost or Stolen Card**

 Submit the form to get a replacement card and cancel the Lost/Stolen card.

Home myHealth Portf	olio Accounts	Education & Support	Statements Notification	Protile	l Want to 🔻
Profile	Banking /	Cards	_		
Banking/Cards	Bank Account	S Add Bank	Account	Debit Cards	
Login Information	No bank accoun	ts exist		PVT TEST 31 Card Number: x3921 †	TEST TEST Card Number: x6774 †
	Checks			Status: Active	Status: Active
	Order Checks			Expires: 7/31/2018 Effective: 8/1/2015	Expires: 7/31/2018 Effective: 8/1/2015
				Report Lost/Stolen Order Replacement	Report Lost/Stolen Order Replacement
	† Request New Pers	sonal Identification Nu	mber (PIN) Toll Fre	e Number: (866) 898-9795	

#### **Order a Replacement Card**

 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 further information.

ard Information	
Selected Card:	PVT TEST 31 x3921
Current Status:	Active
eplacement Card	
A new card with the same ca business days. Verify the primary cardholde	rd number will be issued and mailed to the primary cardholder's address to replace the card within 5-7 rs address before clicking the <i>Submit</i> button. If the address is incorrect, <u>Update the Address</u> first and
A new card with the same ca business days.	r's address before clicking the Submit button. If the address is incorrect, <u>Update the Address</u> first and

## Order Checks (optional – fees may apply)

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

• Complete the check order and click on the Order Checks button at the bottom of the page. The fee for the checkbook will be withdrawn from your HSA cash account. Please refer to your HSA Bank Fee and Interest Rate schedule for further 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 on the Banking/Cards tab.
- Click on the Add Bank Account link and enter the information regarding your checking or savings account and Financial Institution name and address. Click 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, HSA Bank will send a small deposit to your account within three (3) business days to verify your banking information.

Home

Profile

Banking

Login Information

myHealth Portfolio

Accounts

Routing Number \* 0

Account Number \*

Confirm Account Number
Account Type \*

Account Nickname \* 0

Bank Name \*
Bank Address \*

Bank Institution Information

Bank Account Information

Banking / Add Bank Account

Checking

Select a state.

Zip Code

• Once the deposit is received in your external account, you will validate your banking information using the steps below.

Banking / Ca	rds
Bank Accounts	Add Bank Account
No bank accounts ex	dist
Checks	
Order Checks	
† Request New Personal	Identification Number (PIN) Toll Free N

I Want to ... 🔻

Validate External Bank Account

- Navigate to the **Banking/Cards** section of the **Profile** tab.
- Click on Activate under your bank account information.
- You will need to activate the account by entering the amount of the transaction from your checking/savings account.
- 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 on submit.
- This account will now be available for direct deposit.

Profile	Banking / Cards			
Banking/Cards	Bank Accounts A	d Bank Account	Debit Cards	
[	tsct JPMORGAN CHASE BANK, NA X0XX4567 Citestion View Activate Remove		Phil Tectfour Card Number: x9255 6degger, Bataus: Active Expires: 6/30/2018 Effective: 6/10/2015 Report Loct Stolen Order Replacement	
	Checks		Issue Cards	
	Order Checks		tesst test	Issue Card
	Sciegger, Request New Persons	dentification Number (PIN) Toll	Free Number: (555) 555-9	795

Banking/Cards	Concernation and the second second				
Central grounds	Activation Details				
	To activate this bank account you must verify the amount that was deposited to the account below. You are allowed only two attempts before the account will be locked.				
	Bank Name	JPMORGAN CHASE BANK, NA			
	Routing Number	3000/0037			
	Account Number	30024567			
	Amount *	\$ I			
		Enter the amount deposited into your account.			
		"Regular			
	Cancel	Subroll			

# **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: 855-731-5220 (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 Site!



New

**Chat Link**