# Member Website Guide



# Table of Contents

Member Website Overview	4
Navigate from the Home Page	7
Message Center	9
I want to Make HSA Transaction (Withdrawal/Contribution)	10
Reimburse Yourself	10
Add External Bank Account	10
Pay Bill	11
Add a Payee	11
Payment Transaction	12
Make a Contribution	13
I want toManage Investments	14
Investments Overview and Options	14
Manage Existing Self-Directed Investment Account	15
Auto-Sweep Setup	16
Recurring Transfer Setup	16
I want toManage My Expenses	
myHealth Portfolio <sup>SM</sup> Dashboard	17
Add Qualified Medical Expenses	
Pay Expense	19
Export Expenses	
Sample Excel Expense Export	19
Accounts	
Account Summary (balances)	20
Account Activity	20
HSA Contributions by Tax Year	21
Education & Support	
Account Education	22
Tools & Support	23
Statements & Notifications	24
Statements	24
Delivery Preferences	24
Notification Alerts	25
Profile	27

# **MEMBER GUIDE**

	Profile Summary	.27
	Update Profile	.27
	Add Dependents	.27
	Add Beneficiary	.27
	Add Authorized Signer	.28
	Banking/Cards	.28
	Add External Bank Account	.29
	Validate External Bank Account	.29
Ge	etting Help	. 31

## **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
- myHealth Portfolio <sup>SM</sup>



#### **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	account	
Username		Forgot Username?
Password		Forgot Password?
	Login	
New User?		
Create your r	new username and passw	ord

#### Step 1:

Enter the identifying information requested on the page.

Complete the information I	below to verify your identity.	
First Name*		
Last Name*		
Zip Code*	Please enter your 5 digit zip code	
SSN or Employee ID*	SSN	
	Employee ID	
		*Required
		Novt

#### 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)?	*	
		*Requ

Please change your logi	n information.
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 (I), at sign (@), pound sign (#), dollar sign (\$), percentage sign (%), ampresand (8), and settisk (').
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	Ν.
Esign Consent Agreement	Read and agree 🥝 Agreed	
Online Services Agreement	Read and agree < Ø 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		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



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	Homo	myllealth Portfolio	Accounts	Education &	Statements &	Profile
myHealth Portfolio <sup>3</sup>	nome	illynealul Fortiollo	Accounts	Support	Notifications	Frome
Accounts						
Education & Support						
Statements & Notification	IS					

- 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  Available Balance Health Savings Account Cash Ac								
	\$2,000112	Recent Transactions						
		Date -	Expense	Merchant/Pro	vider	Submitted Amount	Statu	5
		10/30/2015	Dental	Dr. Dental		\$75.00	0	Pay
		10/20/2015	Medical	Queen of the \	/alley M…	<b>\$60.1</b> 8	0	Pay
		10/10/2015	Medical	Jennifer G. Ro	ss, M.D	\$29.12	0	Pay
	L							View More
		Quick View						

• 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.

Home myHealth Portfoli	o Accounts	Education & Support	Statements & Notifications	Profile		I Want to
Balance Detail 0	Accounts	/ Pay Bill	/ Contribut	e		
Cash Account	Create Transa	ction				
Actual Balance \$2,809.12	From *	My	/ HSA		•	
Pending Withdrawals \$0.00	To *	Se	elect an account		•	
Available Balance \$2,809.12		Add	Bank Account			* Required
	Cancel					Next

		· · · · ·
Bank Account Inform	ation	
Routing Number *		
Account Number *		
Confirm Account Num	per *	
Account Type *	Checking -	
Account Nickname * 🖲		
Bank Institution Infor	mation	
Bank Name *		
Bank Address *	Address Line 1	
	City	
	Select a state	
		*Required

#### **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.

Accounts /	Pay Bill / Contribute	
Create Transaction		
From *	My HSA 👻	
То *	Someone Else	
Based on your selecti	ons, you will be requesting a distribution (withdrawal).	
		* 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 <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 / Pay	/ Bill / Contribute
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 / Pay I	Bill / Contribute	
Transaction Schedule Frequency * 🛈	One-time     Oschedule	
Summary From	My HSA	
То	Someone Else	
Cancel	Previous	Next

# **Payment Transaction Details**

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

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.

Accoun	ts / Tran	saction Sur	nmary	
Transactio	on Summary	(1)		
From	То	Expense	Amount	
My HSA	Test	Dental	\$1.00	Remove
Total Amou	int		\$1.00	
Normal E	)istribution [	Disclaimer		Ø Agreed 🗸
distribution applicable expenses plan, and conseque custodian and their of l confirm t not be ser	n request. I an coverage per have not prev will not be clai nces resulting thrustee canno designated rep hat the financi nt international	n claiming reimburse iod for myself and/o iously been reimbur med as an income t from this distributio t provide legal advic vresentative harmles al transaction I am a ly.	ement only for eligii r my legal depende sed or will not be r ax deduction. I cer n. I understand tha re. I indemnify and ss against any liabii about to initiate is fe	ble expenses incurred during the ent(s) under the plan. These eimbursed under any other benefit tify that I am responsible for any t my designated representative or agree to hold the custodian/trustee lities. or domestic purposes only and will
I have	read, understa	and, and agree to th	e information and f	terms above.
Cance			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.

counts / eate Transacti	Pay Bill	I / Contribu	g (xxxx0001) •		
eate Transacti om *	on M Upd	ly Checking / Checking	g (xxxx0001) •	·	
om *	Upo	ly Checking / Checking	g (xxxx0001) •		
	Up	date Bank Account			
		auto Barni Account			
*	M	ly HSA	•		
sed on your sele	ections, you wil	I be requesting a cor	ntribution (deposit).		
					* Required
Cancel				Ne	ext
* C	ed on your sele	Ned on your selections, you will	My HSA ed on your selections, you will be requesting a co	My HSA •	My HSA • ed on your selections, you will be requesting a contribution (deposit). Cancel

Select your contribution schedule:

- One-Time
- Recurring (Schedule)

	Sin' Contributo
Transaction Schedule	
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

Accou	nts / Pay	Bill / C	ontrib	ute		
Transactio	on Details					
Tax Year *	0	2015				
Amount *		\$				
Notes					*	
IRS Maxim	um Contributio	n Amount @	)			
Tax Year	<b>IRS Maximum</b>	Processed	Scheduled	Pending	Maximum	Contribution Available
2015	\$3,350.00	\$3,000.00	\$0.00	\$300.00	\$50.00	
Summary						
From		My Checki	ng / Checkin	g (xxxx00	01)	
То		My HSA				
Schedule		Scheduled	i i			
						* Required
				Dr		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.

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, 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):	100 % Devenir *****811640
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.	

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 details of you Security Number and cli	ir transfer(s) below. To confirm your transfer(s), provide the last four digits of your Socia ik the Confirm button below.
Social Securit	v Number (last four digits):
	Cancel >>CONFIRM
Transfer Details	
Transfer Details From Account: H	SA ***4516
Transfer Details From Account: H To Account(s): A	SA ***4516 meritrade ****0107
Transfer Details From Account: H To Account(s): A Transfer Amount: S	SA ***4516 meritrade *****0107 25.00

# 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.

## myHealth Portfolio<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	-	-	\$185.96	0	
9/2/2015	Medical	-	-	\$142.63	0	Pay
Expense Details	Description: O Source: Online Received Date:	ffice Visit 9 : 9/30/2015	Date(s) of Ser Expense Amo Payable Amo	vice: 9/2/2015 punt: \$142.63 unt: \$142.63		
	Upload Receip Remove Expen	t(s) Ise	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 ®	\$ 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**

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 Expen \$1,200	ses Total Paid .20	Expenses Total Unp \$742.34	aid Expe <b>\$45</b>	enses 7.86
Total Eligi	ible to Submit:	\$750.05				
Date •	Expense	Recipient/Patient	Merchant/Provider	Submitted Amount	Status	
10/7/2015	Medical	-	-	\$78.23	0	
9/29/2015	Medical	-	-	\$185.96	0	
9/29/2015	Medical	-	-	\$185.96	6	
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

	~		<u> </u>	-		-				N N	-					~			
	Expense II	Expense	Expense	Recipient	Merchant, Submit	tec Expense	S Descriptio	Expense	E EOB Num	Source	Date Rece	Date(s) of	Total Bille	Expense A	Payable A	Notes	Payee	Provider /	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 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 Portfo	lio Accour	nts Education & Support	Statements & Notifications	Profile		I Want to 🔻
Account Summary	Accour	nts / Account A	ctivity			
Account Activity	My HSA	•				
Investments	Pending Tra	ansactions				Export
Balance Detail 0	Requested Date	Description	Method	Contribution (Deposit)	Distribution (Withdrawal)	Available Cash Balance
Cash Account	There are no	records to display.				
Actual Balance	Processed	Transactions				
\$2,809.12 Pending Withdrawals	Processed Date	Description	Method	Contribution (Deposit)	Distribution (Withdrawal)	Actual Cash Balance
\$0.00	11/30/2015	Interest	None	\$0.23		\$2,809.12
Available Balance	11/05/2015	Transfer Cash to Investn	nent None		\$17.00	\$2,808.89
\$2,809.12	10/31/2015	Interest	None	\$0.22		\$2,825.89
Investment Account	10/22/2015	Participant Contribution	EFT	\$150.00		\$2,825.67
USA Contributions By Tay Veer	10/22/2015	Participant Contribution	EFT	\$150.00		\$2,675.67
HSA Coverage Level	10/08/2015	Distribution	Check		\$78.23	\$2,525.67
Request Check 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 Investn	nent None		\$25.00	\$2,975.58
	1   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.

Home	my	Health Portfo	olio	Accoun	ts Education Support	&	Statements & Notifications	Profile			I Want to 🤜
Account S	umm	ary	A	ccour	its / Accou	nt Ac	tivity				
Account A	ctivit	by .	N	/ly HSA		•					
Investmen	ts		Pe	anding Tr	neactions						Export
Balance I	De	HSA Cont	ribut	ions By	Tax Year View Ex	ample					× Available Balance
Cash Acc Actual Bala	οι an	Tax Year	IRS N	<b>Aaximum</b>	Contributions	Cont	ributions from Future Years	Rollover	R Contribution	Remaining Amount *	
Ponding M	/i+i	2015	\$	3,350.00	\$3,300.00		\$0.00	\$0.00		\$50.00	tual Cash Balance
Available E	За	* Contributions f	for Prior	r Year are not	included in the Remaini	ing Contrib	ution Amount.				;2,809.12 ;2,808.89 ;2,825.89
Investmer	nt Ac	count	1(	0/22/2015	Participant Contrib	oution	EFT		\$150.00		\$2,825.67
	tional	Du Tay Veer	10	0/22/2015	Participant Contrib	oution	EFT		\$150.00		\$2,675.67
HSA Contribu	ge Lev	el	10	0/08/2015	Distribution		Check	(		\$78.23	\$2,525.67
Request Che	ck Sto	p Payment	09	9/30/2015	Interest		None		\$0.24		\$2,603.90
			0	9/29/2015	Distribution		Check	(		\$185.96	\$2,603.66
			0	9/29/2015	Distribution		Check	C		\$185.96	\$2,789.62
			0	9/08/2015	Transfer Cash to I	nvestme	nt None			\$25.00	\$2,975.58
			1	2 >							Next >>

# **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 Portfolio	Accounts Support	Statements & Notifications	Profile	I Want to 🔻
Account Education	Education & Support	/ Tools &	Support	
Account Education Tools & Support	Education & Support Documents & Forms Authorized Representative HIPA, Automatic Orthodontia Request I Coverage Level Update Form Expense Eligibility List HSA Contribution Form HSA Death Beneficiary Form HSA Death Distribution Form HSA Direct Rollover-Transfer For HSA Verification Form Medical Necessity Form Name Change Request Form Recurring Dependent Care Requ Reimbursement Request Form HSA Tax Documents Plan Summaries Health Savings Account Plan De Health Savings Account Plan De Health Savings Account Plan De Health Savings Account Plan Do Rules & Agreements Esign Consent Agreement Online Services Agreement Contact Us HSA Bank Client Assistance Cen P.O. Box 939 Sheboygan, WI 53082 Phone: (855) 731-5213 Fax: (877) 851-7041 Expedient Services Agreement	/ Tools & A Form Form rm rm est Form les scriptions tails cuments	Support 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 Cha Learn About FDIC Insurance Cov Member Website Guide Privacy and Opt-Out Notice Security Website Demos	Savings nges /erage

# **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.

Home	myHealth Portfolio	Accounts	Education & Support	Statements & Notifications	Profile	I Want to 🔻
Stater	ments & Notifica	ations				
Statem	ents			Notifications	Update Notification	Preferences
HSA Ac	count Summaries			No notifications are	e available at this time	
HSA A HSA A HSA A View A	Account Summary (9/1/201 Account Summary (8/1/201 Account Summary (7/1/201 All	5 - 9/30/2015) 5 - 8/31/2015) 5 - 7/31/2015)				

# **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.

lome	myHealth Portfolio	Accounts	Education & Support	Statements & Notifications	Profile	l Want to 🔻		
State	ments & Notific	cations / I	Jpdate Not	ification Pre	ferences			
Conta	act Information							
Email	Address	kyross	@hsabank.com					
Confir	m Email Address							
		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.						
Notifie	cations							
Delive	receive pank disclosures : ry Method	and notices in a	ne  Paper and Or	isted below based or nline	a the delivery method you select b	elow		
For		HSA Act	count Summary					
		HSA Tax	Documents					

#### **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	Email	Text Message
Claim Alerts		
Claim has been filed for your account Automatically sent based on whether or not you have an email address	Emailed	×
Claim has been denied Automatically sent based on whether or not you have an email address	Emailed	
Receipt is needed to process your claim Automatically sent based on whether or not you have an email address	Emailed	Ø
Contribution Alerts		
Contribution posted to your HSA		•
HSA available cash balance is below \$		
HSA contributions year-to-date are within \$ 2,000.00 of the IRS maximum		
Investment Alerts		
Eligible to open a HSA investment account		
Payment Alerts		
Payment issued out of your HSA		
Payment issued out of your account		
Withdrawal from your HSA exceeds \$ 300.00		
Statement Alerts		
HSA Account Summary is available online Automatically sent based on whether or not you have an email address	Emailed	
HSA tax documents are available online Automatically sent based on whether or not you have an email address	Emailed	8
Debit Card Alerts		
Debit Card has been mailed		

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 Portf	folio Accounts	Education & Sta Support Not	tements & Profile	I Want to
Profile	Profile / P	rofile Summary		
Banking				
Login Information	Profile	Update Profile	Dependents	Add Dependent
Login mormation		ESTTHREE	No dependents	
	SHEBOYGAN, W	/I 53081	Beneficiaries	Add Beneficiary
	(888) 888-8888 cemartin@hsaba	ank.com	No beneficiaries	
	Gender	Marital Status	Authorized Signe	ers Add Authorized Signer
	Female	Single	No Authorized Signe	ers
	Employer Empl 888994588	oyee ID Participant Accourt 9000902618	nt 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.



#### **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 Portfol	lio 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		MI	
Dependents		Las	t Name			
Select dependent to populate form Kylie Ross	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				I	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 Portfolio	o Accounts	Education & Support	Statements Notification	s & Pro	file	I Want to 🤜
Profile	Banking / G	Cards	_			
Banking/Cards	Bank Accounts	S Add Bank	Account	Debit C	ards	
Login Information	No bank accounts exist		PVT TEST 31 TEST TEST			
	Checks Order Checks			Status: A	Card Number: x6774 † Status: Active	
				Expires: 7/31/2018 Expires: 7/31/2018 Effective: 8/1/2015 Effective: 8/1/2015		
				Report I Order R	Lost/Stolen eplacement	Report Lost/Stolen Order Replacement

#### **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 c	ard number will be issued and mailed to the primary cardholder's address to replace the card within 5-			
eplacement Card A new card with the same c business days. Verify the primary cardhold then return to request repla	ard number will be issued and mailed to the primary cardholder's address to replace the card within 5- er's address before clicking the <i>Submit</i> button. If the address is incorrect, <u>Update the Address</u> first and cement card.			
eplacement Card A new card with the same cousiness days. Verify the primary cardhold then return to request repla Verify Shipping Address:	ard number will be issued and mailed to the primary cardholder's address to replace the card within 5- er's address before clicking the <i>Submit</i> button. If the address is incorrect, <u>Update the Address</u> first and event card. PVT TEST 31 TEST STREET SHEBOYGAN, WI 53081			

# **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.

Profile

Bankk

Home

Profile

Banking

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** 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.

g/Cards	Bank Accounts Add Bank Account	Deblt Cards
	tect JPMCRIGAN CHABE BANK, NA xoox4567 Checking View Aotivate Remove	Phil Tectfour Card Number: 92855 8dsgudr; Batus: Active Expires: 61902018 Effective: 64002018 Report Loct Biolen Order Reptoement
	Checks	Issue Cards
	Order Cheoks	taret fast Jerus Card

#### myHealth Portfolio Accounts I Want to ... 🔻 Banking / Add Bank Account Bank Account Information Login Information Routing Number \* 0 Account Number \* Confirm Account Number Account Type \* Checking Account Nickname \* 0 Bank Institution Information Bank Name \* Bank Address \* Address Line 1 Select a state. Zip Code Cancel Subm



- 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.

Banking/Cards	Activation Details					
	To activate this bank account you must verify the encount 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	30000037				
	Account Number	30024567				
	Amount *	5 I				
		Enter the amount deposited into your account.				
		"Regul	nec			
	Cancel	Bater				

# **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 Site!



New

**Chat Link**