

Enrollment Information

Open Enrollment Dates

Open enrollment dates for the 2017 annual enrollment is October 17 to November 11, 2016.

*Due to November 11, 2016 being a federal holiday, paper applications must be postmarked by November 10, 2016

Enroll During It's Your Choice

You have three ways to enroll during the It's Your Choice Open Enrollment Period.

- 1) **Online:** Via a TASC Online account:
<https://partners.tasconline.com/ETFEmployee>.
 - Log in and click **Enroll Now**.
 - Enrolling online is further detailed in the Enroll with [TASC Online](#) section.
- 2) **Telephone:**
 - Contact TASC Customer Care at 1-844-786-3947 or 608-316-2408.
 - One of TASC's friendly and knowledgeable Customer Service Representatives will assist you.
 - TASC Customer Care is open Monday through Friday, 8:00 a.m. to 5:00 p.m.
- 3) **Paper:** You can request a paper application from your payroll or benefits office, or download a copy from the [TASC](#) or [ETF](#) websites. You must submit the completed TASC HSA Enrollment form to your human resources/benefit office.

NOTE: If you are already enrolled in a Health Savings Account (HSA), you *must* re-enroll each year to continue participation. Enrollments do not carry forward from year to year.

UW Systems Employees

Enrollments are done directly through the UW, not the TASC portal/website or by telephone. UW System employees should refer to www.wisconsin.edu/ohrwd/benefits or contact your UW institution human resources department for enrollment instructions for 2017.

State of Wisconsin & Legislature Employees

State of Wisconsin and Legislature employees who are paid through the STAR System should log in to STAR at <https://ess.wi.gov> to make all benefits elections during the annual It's Your Choice period. Contact your agency payroll and benefits staff with any enrollment questions.

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Retirees

Health Savings Account (HSA) is an individually-owned savings account that you *must* enroll in if you are enrolled in one of the It's Your Choice High-Deductible Health Plans (HDHP). To enroll:

You have two ways to enroll during the It's Your Choice Open Enrollment Period:

- 1) **Paper:** A paper application may be requested from ETF
- 2) **Online:** A copy may be downloaded from the [TASC](#) or [ETF](#) websites.

Your election will be effective January 1, 2017.

NOTE: If you are already enrolled in a Health Savings Account (HSA), you *must* re-enroll each year to continue participation. Enrollments do not carry forward from year to year.

Re-Enroll with TASC Online (Current TASC Participants Only)

- 1) Determine desired **annual contribution amount**.
 - a) See the [HSA Enrollment Brochure](#) and/or the [HSA Annual Expense Estimate Worksheet](#).
- 2) Go to the [TASC Online website](#):
 - a) Enter your current TASC **username** and **password**. If you do not remember your username or password, click **Forgot Username or Password** and follow the reset steps provided.
- 3) Once **logged in** to your TASC Online Account, click **Enroll Now**.
- 4) Enter your **information**.
 - a) You will be required to enter their SSN.
 - b) We recommend adding your personal email address.
 - c) Click **Next**.
- 5) If applicable, **add your dependent(s)**.
 - a) Enter the name(s) of your dependent(s).
 - b) Click **Add Dependent**.
 - c) Your dependent(s) will be displayed on the **My Dependents** list. Click **Next**.
- 6) Review your **eligibility** and the **HSA Qualifications** to ensure you are eligible for an HSA.
 - a) Click **Next**.
- 7) Review the **plan rules**.
 - a) **Check the acknowledgment box** indicating that you have read the plan rules and agree to them.
 - b) **Note:** You must do this for every plan, even for plans in which you are not enrolled.

- 8) Review your **annual election amount**.
 - a) Enter your desired deduction per pay period.
 - b) It is your responsibility to ensure your contributions do not go beyond IRS maximum annual limits.
 - c) **Note:** Contributions from all sources combined, such as employee, employer, and third parties (i.e., parent or spouse), must not exceed these limits.
- 9) Review your **payment method**.
 - a) Select your preferred method to receive distributions and elect to get a TASC card.
 - b) If you elect direct deposit, you will need to enter your bank information.
 - c) Click **Next**.
- 10) Add your **beneficiaries**.
 - a) Select your desired beneficiaries from your list of dependents to prefill your information.
 - b) Click **Add Beneficiary**.
- 11) **Accept the Terms and Conditions**.
 - a) You must read and accept each agreement in order to activate your HSA.
 - b) Click **Next**.
- 12) **Verify, submit and print**.
 - a) Review all of your information.
 - b) If any changes are required, click **Edit Information**.
 - c) When you have verified that all information is correct, **print the Enrollment Confirmation**.
 - d) Click **Next**.
 - e) Click **Submit Enrollment**.

Enroll by Paper (New and Current TASC Participants)

- Request a paper Retiree HSA Enrollment Application from ETF, or download a copy from the [TASC](#) or [ETF](#) websites.
- Complete the Retiree HSA Enrollment Application.
- Submit the completed Retiree HSA Enrollment Application to ETF via:
 - **Email:** ETFSMBESSRetireeHealthInsurance@etf.wi.gov
 - **Fax:** 1-608-261-8177 or 1-608-226-5535
 - **Mail:** PO Box 7931 Madison, WI 53707-7931

New HSA Participants

New participants are unable to enroll online through TASC. All new participants *must* complete and submit a paper enrollment form.

To enroll in an HSA, new participants should:

- Complete the [Retiree HSA Enrollment Form](#).
- Submit the completed [Retiree HSA Enrollment Form](#) to ETF via:
 - **Email:** ETF SMBESSRetireeHealthInsurance@etf.wi.gov
 - **Fax:** 1-608-261-8177 or 1-608-226-5535
 - **Mail:** PO Box 7931, Madison, WI 53707-7931

Current HSA Participants

To re-enroll in an HSA, current participants should:

- Re-enroll with [TASC Online](#).
 - See other side for instructions.
- Or complete and submit the [Retiree HSA Enrollment Form](#).

Following Enrollment

Once you have enrolled in the HSA, TASC will send these items to you:

HSA Welcome Brochure

- The HSA Welcome Brochure will provide you with information on how to manage your HSA.
- Follow the instructions to set-up your TASC Online account.
- Use your online account to check your balance, make additional contributions, transfer funds to an investment account, or request a distribution.

TASC Card

- Your TASC Card allows them to conveniently pay for eligible medical expenses.
- Be sure to review the Cardholder Agreement affixed to the card.

NOTE: If you are a current TASC participant, you will *not* be issued a new TASC Card. You will continue to use your current TASC Card.

Late Enrollment Appeal Process

All enrollments must be received during the open enrollment period. If you experienced unforeseen circumstances that impeded your ability to enroll during open enrollment, you can file a late enrollment appeal for consideration. All late enrollment appeals must be received prior to the start of the new plan year and must be requested via the late enrollment process. After open enrollment ends, and prior to the start of the new plan year, any new enrollments must be requested via the late enrollment appeal process. These are submitted to stateofwiappeals@tasconline.com.

TASC requires the following information to process the appeal:

- A formal letter including circumstances impeding the enrollment during the open enrollment timeframe. Include proof of impediment with documentation.
- A completed TASC [Enrollment Form](#) clearly identifying the benefit under appeal for late enrollment. If prior to the start of the new plan year, you DID enroll via email, fax, or phone, but the enrollment is not showing with TASC, please provide the following:
 - a) **Fax:** a copy of the completed [Enrollment Form](#) and a copy of fax transmittal with the date and time.
 - b) **Secure Email:** a copy of the completed [Enrollment Form](#) and a copy of the email with the date and time.
 - c) **Phone:** a completed [Enrollment Form](#) and the date and time of the phone call.

Once made, TASC will notify you of the appeal decision. Late enrollment appeal decisions are shared via the email provided on the form. TASC also emails the decision to your Payroll/Benefits Office, where they will update payroll and other systems as necessary.

Enrollment Effective Date

If you enroll during open enrollment, your coverage will begin at new plan year start, January 1. Your first contribution will be made via payroll deduction from your first paycheck in the new plan year.

Mid-Year Enrollment

Newly Hired/Eligible Employees

To enroll in the Health Savings Account, complete and submit an Enrollment Form within 30 days following your date of hire/eligibility. When you enroll mid-year, the system automatically determines the amount of your employer contribution based on the amounts remaining in the plan year (the months you will be enrolled). Coverage will be effective on the first of the month on or following your eligibility date. For more information and enrollment instructions, contact your payroll/benefits office.

- 1) Your HSA custodial account will be opened at HealthCare Bank (upon successful completion of an identify verification; please refer to the [Identity Verification Information](#) section).
- 2) TASC will process your account setup and notify you when complete. You will receive enrollment confirmation via email which will include your initial login information. You will need to log in and agree to the Terms and Conditions to enable your HSA account to be funded. At that point, your TASC HSA account will begin to accept contributions and you will be free to access available HSA funds to pay for qualified healthcare expenses (please refer to [Online Plan Management](#) section).
- 3) You will receive a TASC Card in the mail at your home address within 7–10 business days of enrollment (watch for plain white envelope).



Qualifying Life Event

If you experience a qualified life change event, such as a marriage or divorce, birth or adoption of a child, a change in employment status, or another qualified life change event, you may have the opportunity to enroll or change your coverage outside of the open enrollment period. There are various rules related to life change events. You must enroll or make changes within 30 days from the date of the qualifying event.

Contact your human resources/benefit office for more information on qualifying events, to see what your options are, how to enroll, and how to make a change.

Enrollment Effective Date

If you enroll within 30 days following your hire date, your coverage will be effective on the first of the month on or following your eligibility date. Only eligible expenses for services provided to you or your eligible dependents on or after this effective date are reimbursable.

Your first contribution will be made via payroll deduction from your first available paycheck after your coverage start date.

The date of the first deduction will reflect payroll cutoff dates as well as the date your Enrollment Form or Change of Election Form arrives at the Payroll/Benefits Office. The first deduction will occur after your coverage start date.

Enroll with TASC Online

- 1) Determine desired annual contribution amount.
 - a) See the HSA Enrollment Brochure and/or the HSA Annual Expense Estimate Worksheet.
- 2) Go to the [TASC Online website](#):
 - a) If you are a **new TASC Participant**, enter a **temporary TASC username**. This is your first initial, last name, date of birth (mmddyy), and the last four digits of your Social Security Number (SSN).
 - For example: JSmith0101771234
 - b) If you are a **current TASC participant**, enter your current **TASC username and password**.
 - If you do not remember your username or password, click **Forgot Username or Password** and follow the reset steps provided.
- 3) Once logged in to your TASC Online Account, click **Enroll Now**.
- 4) Enter your information.
 - a) You will be required to enter their SSN.
 - b) We recommend adding your personal email address.
 - c) Click **Next**.
- 5) If applicable, **add your dependent(s)**.
 - a) Enter the name(s) of your dependent(s).
 - b) Click **Add Dependent**.
 - c) Your dependent(s) will be displayed on the **My Dependents** list. Click **Next**.

REMINDER

If you are a UW System employee or a State of Wisconsin and Legislature employee paid through the STAR system, **do not** enroll via TASC Online or by phone. Please see the bottom of [page 9](#) for enrollment details.

- 6) Review your **eligibility** and the **HSA Qualifications** to ensure you are eligible for an HSA.
 - a) Click **Next**.
- 7) Review the **plan rules**.
 - a) **Check the acknowledgment box** indicating that you have read the plan rules and agree to them.
 - b) **Note:** You must do this for every plan, even for plans in which you are not enrolled.
- 8) Review your **annual election amount**.
 - a) Enter your desired deduction per pay period.
 - b) It is your responsibility to ensure your contributions do not go beyond IRS maximum annual limits.
 - c) **Note:** Contributions from all sources combined, such as employee, employer, and third parties (i.e., parent or spouse), must not exceed these limits.
- 9) Review your **payment method**.
 - a) Select your preferred method to receive distributions and elect to get a TASC card.
 - b) If you elect direct deposit, you will need to enter your bank information.
 - c) Click **Next**.
- 10) Add your **beneficiaries**.
 - a) Select your desired beneficiaries from your list of dependents to prefill your information.
 - b) Click **Add Beneficiary**.
- 11) **Accept the Terms and Conditions**.
 - a) You must read and accept each agreement in order to activate your HSA.
 - b) Click **Next**.
- 12) **Verify, submit and print**.
 - a) Review all of your information.
 - b) If any changes are required, click **Edit Information**.
 - c) When you have verified that all information is correct, **print the Enrollment Confirmation**.
 - d) Click **Next**.
 - e) Click **Submit Enrollment**.

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Identify Verification (IDV) Information

To help the US government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. When an account is opened, we ask for the name, address, date of birth, and other information that will allow us to identify the account-holder. We may also ask to see a driver's license or other identifying documents. An identity is verified through the use of a database maintained by a third party. If the identity cannot be verified, the account-holder is required to provide additional information, and the HSA may be closed if additional verification is not possible.

IDV (Identity Verification)

A process of verifying your identity that occurs automatically upon initial enrollment. Your identity will not be verified a second time unless there is a change to your name or SSN. This identity verification is required by financial institutions as part of the US Patriot Act Bill signed into law in 2001. If you fail the identity verification process, the applicable documentation must be collected to confirm identity and make the HSA account active.

FAILED IDENTIFICATION

If you fail the identity verification process, the applicable documentation must be collected to confirm identity and make the HSA account active.

Acceptable Documentation

The following list indicates how to verify each of the required elements of your identity.

- **For an Address Validation:** a driver's license, state identification, bank statement, or a current phone or utility bill displaying the input address. Please note, an address must be a residential address, not a PO Box.
- **For a Social Security Number (SSN):** a social security card.
- **For Date of Birth:** a driver's license, passport, birth certificate, or state identification.
- **For Name Validation:** a social security card, passport, birth certificate, marriage certificate, divorce decree, legal name change certificate, or state identification.

You may send the information via email or fax.

- 1) **Email:** Please scan and email the documents to hsa@tasconline.com.
- 2) **Fax:** Please scan and fax to 608-245-3623. Put "ATTN: Angela Kippert" on the fax cover sheet. Also after faxing, please send an email to TASC saying the time of the fax, number of pages (including cover page), and the number the fax was sent from.

IDV Failure Criteria

A confidence score of 40 is used for identity verification. If your identity verification check comes back with a score less than 40, you are considered to have failed the identity verification process and your HSA account status is updated to 'Blocked – IDV'.

**PLEASE RESPOND WITHIN
90 DAYS...**

to avoid HSA account closure and
HDHP enrollment invalidation.

If you fail IDV, you will be notified of the identity verification failure via a secure email within 24–48 hours, your employer will be copied on the email. The email notification will let you know the action needed to resolve the failure. (See example below.) Once TASC has received the documentation and it has been verified and validated, the block will be removed and the Health Savings Account will be activated.

The following account has been flagged for identity verification:

(Your Name) – (Identity info that has been rejected: name, address, DOB, and/or SSN)

If this is incorrect, please furnish us with the correct information.

If the input information is correct, please furnish us with documentation that verifies the input information.

You will have 90 days to rectify the error and have three notifications about the error. The email is the first notification. If you fail to correct the error after this initial notice, a second notice will be sent one week prior to the 90 day requirement deadline and your employer will be copied (see example below).

Subject Line: "TASC HSA being closed for (PPT's name and date being closed)"

"Hello,

(PPT's name)'s HSA has been on hold for Identity Verification since (original date of rejection).

Since the proper documentation (address, SSN, and DOB) has not been provided, (his/her) account will be closed effective (a week from email) and any funds that were deposited into their HSA will be returned to the employer.

(Examples of acceptable documentation for whatever was rejected.)

If you do not rectify on the second notice, a final notice will be sent upon reaching the 90-day deadline and your employer will be copied.

IMPORTANT: If you do not respond with the necessary documentation after 90 days, the HSA account will be closed and your HDHP enrollment will be invalidated which will revert your health insurance to a non-HDHP health plan.

IDV Failure Account Closure Process

Upon closure, any funds deposited in your HSA will be returned to you, less any fees, expenses or taxes chargeable against your HSA, or penalties or surrender charges associated with the early withdrawal of any savings instrument or other investment in your HSA. TASC and your employer are not be liable for any tax consequences you may incur that result from the transfer or distribution of your assets as a result of this distribution. Funds will be returned as adjustments back to your associated bank account.

Your employer will retain any employer contributions that were made to the account. All debit cards associated with the account will be closed.

This process can take 2–3 business days.

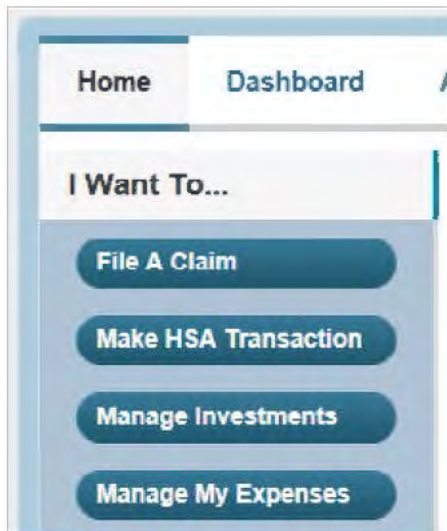
HSA Investment Account & Management

A unique aspect of an HSA is the ability to invest some of your savings which may potentially increase the value of your account for retirement. In order to invest your HSA funds, and you must set up an HSA Investment Account. If you do not set up this account, your monies will remain in your HSA which is consider a "cash account" which earns minimal interest.

For more information on your HSA Interest Rate & Investment Options, reference the [HSA Interest Rate & Investment Options flyer](#).

To set up your Investment account:

- 1) Log in to your online account
- 2) Click **Manage Investments** under the I Want To section:



- 3) Click **Setup Investment Transfers**



- 4) Click on the **Define Investment Sweep Amount** box and select the amount you want to transfer funds to investment when the cash balance exceeds that amount.

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Manage Investment Transfers ✕

You are eligible to invest a portion of the funds from your health saving account into an investment account. By setting your investment transfer threshold below, we will automatically sweep funds into the investment account once your available cash balance exceeds the sweep threshold amount by \$100 or more. Likewise when your available cash account balance falls below the sweep threshold by \$100 or more, funds will be automatically swept back to your cash account from your investment account.

Your investment transfer threshold may be set equal to or above \$2000. Please enter a value that is an increment of 100.

Define Investment Sweep Amount:

Transfer Funds to Investment When My Cash Balance Exceeds:

Investment Services: Not FDIC Insured • No Bank Guarantee • May Lose Value

Close
Save

5) Click Save

Once your Investment Account is set up, you are eligible to invest any amount over the \$2,000 threshold. **NOTE:** Should your account go below the minimum investment threshold of \$2,000, you will be restricted from moving any additional funds until the account rises above \$2,000 again. There is no penalty incurred.

In your Investment Account, you determine allocations into the mutual fund options. You can find information on the accounts via your TASC online account, directly from your HSA online account. **Click Education to learn more about each account.** Review the information regarding the investment options and performance to help you choose which investments you wish to place your funds.



For advice on investments choices, we recommend you contact a licensed investment expert. Neither TASC, nor your employer, can offer any investment advice.

How to Transfer HSA Funds to Investment Account

Remember that you must have a \$2,000 minimum HSA balance to move any funds into the Investment Account.

- 1) **Log in** to your TASC online account: <https://partners.tasconline.com/ETFEmployee>.
- 2) **Click Make HSA Transaction** in left blue menu box.
- 3) **Select My HSA** in the From dropdown menu.
- 4) **Select HSA Investment Account** in the To dropdown.
- 5) **Enter the dollar amount** to be transferred.

Automatic Investment Transfer Threshold

To make investing easier, you may setup an automatic transfer on your account to automatically sweep a specified dollar amount from your HSA cash account to your investment account whenever it exceeds the minimum \$2,000 balance or higher. Please note that sweeps are done in \$100 increments, which means the first sweep occurs when your balance is \$2,100.

To setup the automatic sweep, follow these steps:

- 1) **Log in** to your TASC online account: <https://partners.tasconline.com/ETFEmployee>.
- 2) **Click Manage Investments.**
- 3) **Click Setup Investment Transfers.**



- 4) The Manage Investment Transfers window will display. Check the Define Investment Sweep Account check box and click Save.



Once you have established that you would like to have sweeps occur, you need to establish into which mutual funds the sweep money will be placed. Investment funds will be allocated among the mutual funds of your choice. You can also choose to have the money swept into a Deposit Account, which works much like a money-market account where the money is safer and provides a smaller interest rate return. The funds are reviewed quarterly.

You can access return rates of the mutual fund options from your TASC online account. Upon **log in**, go to **Investment page**, hover over **Investment Account information** and select **Fund Performance and Information** to view. The rates are updated quarterly to show performance.

Fund Name	Label	Price	1 Month	3 Months	YTD
HSA DIRECT BOND ACCOUNT	NA	\$1.32	0.02%	0.02%	0.12%
JPMORGAN MID-CAP VALUE FUND	USMP	\$24.32	1.14%	0.01%	1.01%
TRIMARK MISC. CAPITAL APPLIC. AL	TRMCA	\$20.17	0.00%	0.04%	-1.04%
FID. ASSET MANAG. INTL. A	WASIA	\$21.31	-0.45%	0.02%	-4.47%
INVEST. MGMT. INTL. BOND A	WASIA	19.14	0.01%	1.02%	-1.01%
TRIMARK GLOBAL BOND A	TRMGB	\$11.47	0.71%	-0.03%	-2.48%
TRIMARK TOTAL RETN. BOND A	TRMBA	\$17.51	1.07%	1.01%	1.77%
TRIMARK EQUITY SECURITIES A	TRMBA	\$22.74	0.03%	0.07%	-1.44%
TRIMARK EQUITY FUND A	TRMBA	\$19.32	0.03%	2.02%	-1.01%

How to Set-Up/Change Your Investment Elections

- 1) **Log in** to your TASC online account <https://partners.tasconline.com/ETFEmployee>.
- 2) On the Home page, **click on Manage Investments** in the blue menu box on left side of page.



- 3) **Select Investment Elections** in left side menu.
- 4) **Select the mutual funds** you wish to allocate your funds into by entering a percentage next to each selection.

Investment Elections Unavailable - ALL SOURCES

You may not change your investment elections at this time due to the following reason(s):

- Access to this HSA is inquiry only.

Investment Name	Links	New %
HCB INTEREST BEARING ACCOUNT		0 %
JAMES BALANCED GOLDEN RAINBOW		0 %
TROWE PRICE CAPITAL APPREC ADV		0 %
IVY ASSET STRATEGY A		0 %
JPMORGAN MARKET EXP INDEX A		0 %
TEMPLETON GLOBAL BOND A		0 %
PIMCO TOTAL RETURN ADMIN		0 %
NUVEEN REALESTATE SECURITIES A		0 %
VANGUARD 500 INDEX INVESTOR CL		0 %
VANGUARD MID CAP INDEX INV CL		0 %
VANGUARD SMALL CAP BLEND INDEX		0 %
VANGUARD TOTAL INTL STOCK IDX		0 %
VANGUARD EMERGING MRKTS SK IDX		0 %
VANGUARD TOTAL WORLD STOCK IDX		0 %
VANGUARD INTERMED TERM BND IDX		0 %
VANGUARD TOTAL BOND INDEX INV		0 %
AMER FDS GROWTH FND OF AMER F1		0 %

- 5) **Click on Submit Election Change Request** to finalize your investment selections.

Managing Your Investment Account Online

Your TASC online account gives you complete control over your HSA investments to easily perform the following functions:

- View balance by investment.
- View fund performance.
- View transaction details.
- View fund activity and pending/activity summary.
- Realign and transfer your investment allocations.
- Set your investments to automatically adjust the balance.
- Use the tools to calculate the potential growth of your investments.

HSA Investment Funding

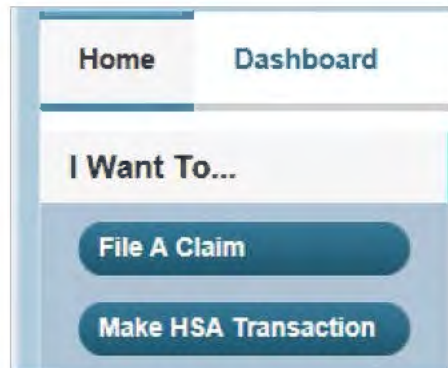
The process for investment funding works as follows:

- 1) You set up the investment threshold.
- 2) Contributions come into the cash account.
- 3) Once contributions exceed the \$2,000 minimum balance threshold, you are able to move the funds in excess of \$2,000 into the investment account. The transferred funds must be moved in increments of \$100. (i.e., The first time you can move funds is when your balance reaches \$2,100 and you can only move the \$100.)
- 4) The contributions are then applied to the different investments you set up.
- 5) When you request a distribution from the cash account, the funds are sold off on the investment side to replenish the cash account (in increments of \$100.)

HSA Contributions

Your employer contributes your funds on a pretax basis each payroll based on your annual election amount. You may also make post-tax contributions to your HSA from your personal bank account online. To do so, you must setup an ACH for transfer of contributions and must have a valid email address entered with TASC. You may add or update bank account information at any time.

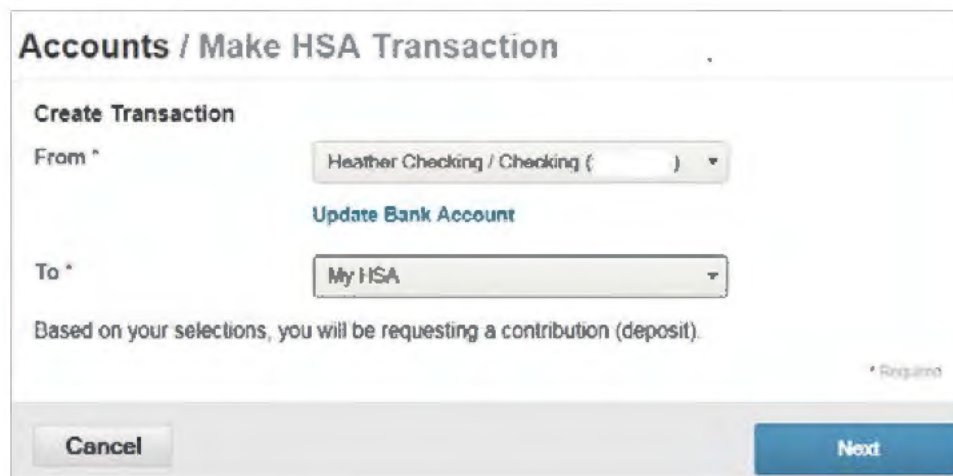
How to Make a Post-Tax Contribution to Your HSA



Follow the instructions below to deposit other monies, post-tax, to our HSA.

- 1) **Log in** to your TASC online account:
<https://partners.tasconline.com/ETFEmployee>
- 2) Click **Make HSA Transaction** in left blue menu box.

- 3) Select your bank account in the From the dropdown.

A screenshot of the 'Accounts / Make HSA Transaction' form. The form is titled 'Accounts / Make HSA Transaction' and has a sub-heading 'Create Transaction'. There are two dropdown menus: 'From *' with the selected value 'Heather Checking / Checking ()' and 'To *' with the selected value 'My HSA'. Below the dropdowns is a link 'Update Bank Account'. A note states 'Based on your selections, you will be requesting a contribution (deposit)'. At the bottom right, there is a small asterisk and the word 'Required'. At the bottom of the form are two buttons: 'Cancel' and 'Next'.

- 4) Select **My HSA** in the To dropdown.
- 5) Select the **Tax Year**: You may make a contribution between January 1 and April 15 to the prior tax year.
- 6) Enter the **Contribution Amount**.

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- 7) Enter any Notes (optional).
- 8) Select the checkbox to "Agree" to the Terms.
- 9) Click Add Contribution.

Transaction Details

Tax Year * 2016

Amount * \$

Notes

IRS Maximum Contribution Amount

Tax Year	IRS Maximum	Processed	Scheduled	Pending	Maximum Contribution Available
2016	\$6,750.00	\$3,232.00	\$1,616.00	\$0.00	\$1,902.00
2015	\$6,650.00	\$0.00	\$0.00	\$0.00	\$6,650.00

Summary

From Heather Checking / Checking ()

To My HSA

Schedule One-time

* Required

Cancel
Previous
Next

After you add a contribution, you will see the HSA Cash Account Details page appears where a confirmation displays. The timing for deposits to display in your account depends on the bank from which the funds are pulled. The normal timeline is two business days, however, some banking institutions policies may make this timeline longer.

If you receive a gift from another person to contribute to your account you have two options:

- 1) You may deposit the check into your personal account and initiate a transfer to your HSA via your TASC online account using the steps above.
- 2) You may print a contribution form from the **Tools & Support tab**. This form can be filled out and mailed to TASC along with the check from the third party for the contribution amount.



Change of Payroll Contribution Elections

You may change your pretax payroll contribution elections during the Plan Year. Simply notify your employer of the change that you wish to make to your election and they will adjust your HSA contribution amount. You cannot change this amount on your own.

- 1) Obtain a [Change of Election Form](https://partners.tasconline.com/ETFEmployee) from your Payroll/Benefits Office or online at <https://partners.tasconline.com/ETFEmployee>
- 2) Determine the amount you wish to contribute for the remainder of the plan year. .
- 3) Complete, sign, and date the form. Submit it to your Payroll/Benefits Office for processing.

Your Payroll/Benefits Office will review the information and provide TASC with the updated election amount. TASC will then make the appropriate change and send a confirmation to the appropriate Payroll Center.

In addition, each It's Your Choice Open Enrollment period provides you the opportunity to change elections when re-enrolling for the next year.

Exceeding Contribution Limits

It is your responsibility to monitor contributions and proximity to contribution limits. All HSA contributions made through payroll deduction are reported on your W-2 form. Contributions made through other methods should be reported by you on [Form 8889](#) and filed with [Form 1040](#) or [1040NR](#). Contributions in excess of limits are not tax deductible. Any excess contributions made by your employer will be included in your gross income on your W-2.

Excess contributions are generally subject to a 6% excise tax. This amount is set by tax law and does not change without tax law revision. The tax would apply for each year the excess contribution is in the account. You may withdraw the excess amount without paying the excise tax if it is withdrawn by due date (including extensions) of your tax return for the year the contributions were made. This withdrawal must be included as "other income" on your tax return in the year you withdraw the contribution. This withdrawal may be requested through your TASC online account.

Contribution Types

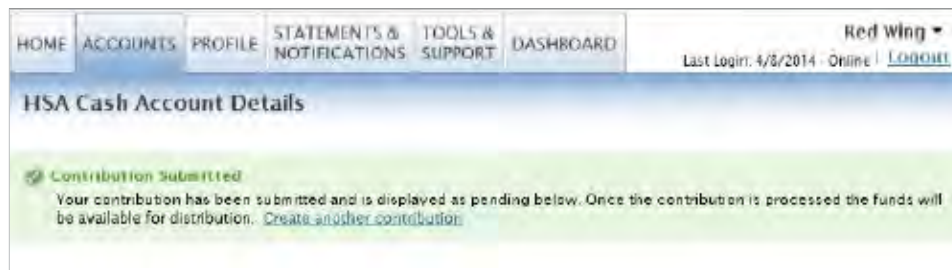
There are multiple types of contributions.

Type of Contribution	Timeline for Posting	Notification Sent?
Payroll Deductions	Within 24 hours of pay date	Yes
Employer Contributions	Within 2 business days	No
Post-tax direct deposit	Within 2 business days	Yes, with recurring contributions

It is the responsibility of the account-holder to monitor activity. TASC will send you a monthly statement on the first of every month via email documenting all contributions and distributions for the previously month. Your HSA account statement is also available via your TASC online account for your reference at anytime.

You can also make a contribution by:

- Going online into your TASC online account (fastest and easiest method). Upon completion of the transaction you will see a confirmation on the screen.



- Sending a check to TASC via mail with the form supplied under **Tools & Support**.

HSA Distributions

You can request a tax-free distribution any time an eligible expense has been incurred. Distributions for reasons other than qualified medical expenses (prior to age 65) are taxable and subject to a 20% penalty tax in certain circumstances.

Upon death, disability, age 65, or upon Medicare eligibility, HSA funds can be withdrawn for non-medical reasons without penalty but will be subject to income taxes. In the event of death, your TASC HSA funds will be distributed to your designated beneficiary.

Two Ways to Access Your HSA Funds

Conveniently pay for eligible HSA expenses using one of the following methods:

Option 1: TASC Card

As a feature of your HSA you will be issued a benefits debit card (TASC Card) to facilitate the payment of eligible HSA expenses. The TASC Card looks like a typical debit card, but is used to purchase eligible healthcare expenses with a simple swipe at the service provider. While this is a debit card, the TASC Card may not be used at an ATM.

When you use your TASC Card, the amount of the expense is automatically deducted from your available HSA balance and paid directly to the authorized provider at the point of purchase. Card purchases are limited to merchants with an inventory information approval system (IIAS) in place to identify HSA-eligible purchases. Although the TASC Card auto-substantiates most transactions, it is your responsibility to make sure your purchases are for qualified healthcare expenses. We recommended saving your receipts and retain with your individual tax return documentation in case you should ever need to prove expense eligibility.

If your TASC Card is lost or stolen, report the lost/stolen card to TASC immediately. You may request a replacement card online at no cost to you by following these steps:

Log into your TASC online account:

- 1) Go to **Profile** tab and select **Banking Cards** in left menu.
- 2) Click on **Report Lost/Stolen** under **Debit Cards** section and complete the requested information.
- 3) Go back to **Banking Cards** to select **Order Replacement** and complete the requested information.

You may also request additional TASC Card for your dependents:

- 4) Go to **Profile** tab and select **Banking Cards** in left menu.
- 5) Click on **Report Lost/Stolen** under **Debit Cards** section and complete the requested information.
- 6) Go back to **Banking Cards** to select **Order Dependent Card** and complete the requested information.

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Option 2: Request a Distribution Online

Easily access funds in your TASC HSA account at any time via your TASC online account to use for eligible expenses. Additional documentation may be required to substantiate the distribution so be sure to save your receipts.

Distribution Requirements

You may only request a distribution up to the current balance of your TASC HSA account. If funds in the account are insufficient, only the available balance in that account will be issued. The outstanding balance of the distribution request will not be reimbursed.

An additional distribution request must be submitted once additional funds are available in the account to pay for any remaining balance. Be sure to enter your current bank account information under your online Profile.

INSUFFICIENT FUNDS

Only the available balance in an account will be issued.

Expenses Eligible for HSA Distributions

For a list of eligible expenses, visit:

<https://www.tasconline.com/biz-resource-center/eligible-expenses/>

Expenses are considered eligible for distribution from an HSA if the healthcare expense includes amounts paid for the diagnosis, cure, mitigation, treatment, or prevention of disease, and for treatments affecting any part or function of the body.

The expenses must be primarily intended to alleviate or prevent a physical or mental defect, or illness. In general, expenses solely for cosmetic care are not deemed as qualified medical care, nor are expenses that are merely beneficial to one's general health.

Appropriate HSA expenditures include Medicare insurance premiums (except Medicare Supplement policies), long-term care coverage, health coverage while receiving unemployment benefits, and healthcare continuation coverage required by federal law (known as COBRA coverage). HSAs may reimburse long-term care insurance premiums limited to the adjustment amounts under Section 213(d)(10), even when the HSA is offered through a Cafeteria Plan.

Refer to the [TASC HSA Eligible Expenses Flyer](#) for a summary list of eligible expenses. [IRS Publication 502](#), Medical and Dental Expenses (Section 213(d)) governs what is and is not eligible and includes a detailed list. It is important that you retain pertinent documentation (receipts) regarding distributions from your TASC HSA.

ELIGIBLE EXPENSES

Refer to the [TASC HSA Eligible Expenses Flyer](#) for a summary list of eligible expenses.

How to Request a Distribution

- 1) **Log in** to your TASC online account: <https://partners.tasconline.com/ETFEmployee>.
- 2) **Click Make HSA Transaction** in left blue menu box.
- 3) **Select My HSA** in the From dropdown.
- 4) **Select an option** in the To dropdown:
 - Personal Bank Account
 - Check (mailed to you)
 - Someone Else (see "Pay to Provider" option below)
- 5) **Click Next to continue.**
- 6) **Select distribution frequency:** One-time or recurring option (complete Schedule information). **Click Next.**
- 7) **Enter the dollar amount** you wish to distribute.
- 8) **Enter the expense type, names of recipients, and any notes** (optional). **Click Next.**
- 9) **Review and "Agree" to the Terms. Click Submit.** A confirmation page will appear.
- 10) TASC processes the request. No notification will be sent. (A monthly statement is available to view distributions.)

Pay-to-Provider Distribution Option

TASC HSA allows you to request a distribution paid directly to a healthcare provider for an eligible expense.

- 1) **Log in** to your TASC online account: <https://partners.tasconline.com/ETFEmployee>.
- 2) **Click Make HSA Transaction** in left blue menu box.
- 3) **Select My HSA** in the From dropdown.
- 4) **Select Someone Else** in the To dropdown.
- 5) **Click Next to continue.**
- 6) **Select distribution frequency:** One-time or recurring option (complete Schedule information). **Click Next.**
- 7) **Enter the dollar amount you wish** to distribute.
- 8) **Enter the expense type, names of recipients, and any notes** (optional). **Click Next.**
- 9) **Review and "Agree" to the Terms. Click Submit.** A confirmation page will appear.
- 10) TASC processes the request. No notification will be sent. (A monthly statement is available to view distributions.)

Types of Distributions

	When used?	How to submit request	Documentation Needed	Distribution Payment Options	Funding Timeline
Normal	This is 95% of all eligible HSA expenses.	Choose one: <ol style="list-style-type: none"> 1) TASC online account (fastest) 2) By mail 3) Online 4) Fax request 5) Pay with TASC Card 6) Pay provider directly using distribution form found in your TASC online account 7) Mobile app 	Employee should retain valid receipt of service This is for the account-holder's records in the case of an IRS audit.	Chose one: <ol style="list-style-type: none"> 1) Direct Deposit 2) Pay to TASC Card 3) Pay the Provider 4) Check 	Direct deposit is 48 hrs. Check is 7–10 days but dependent mailing time. Funds once removed from the HSA are no longer the responsibility of TASC and no guarantees can be made as to the timing of payment to an outside entity.
In Case of Death	In the event of a Death of an HSA account-holder.	HSA Distribution Form must be submitted to TASC before account balance can be distributed to beneficiary.	Notarized copy of Death Certificate and beneficiary confirmation.	A check will be issued to the beneficiary.	Upon the receipt of the death certificate and HSA Death Distribution Form, it can take up to 7 business days for a check to be sent to the beneficiary.
Transfer	2 Types: <ol style="list-style-type: none"> 1) Moving funds from your previous HSA to TASC 2) Transfer funds to a New HSA Bank 	For Online Portal <ol style="list-style-type: none"> 1) Acquire a transfer form found in your TASC online account 2) New Custodian form. 	Only forms	Incoming funds are received by check Outgoing funds are paid out by check.	Incoming funds are processed to the account in 24 to 48 hours. Outgoing requests are generally processed in 2–3 days.
Rollover	Distribution similar to a transfer but is paid out to the HSA Owner. The HSA Owner has 60 days to move the funds to a new HSA to avoid tax penalties .	Form used obtained in your TASC online account and mailed or faxed to TASC	None	Check to HSA Owner	2–3 business days
Excess contribution	Removes funds from your HSA account.	Form obtained from your TASC online account or by calling TASC.	Additional information is needed from the Bank and obtained by TASC.	Check to HSA Owner	2–5 business days

If you submit a non-medical expense distribution—it should be paid back by April 15 of the following year to avoid tax penalties. These are called prohibited transactions and may be subject to penalties. [26 U.S. Code § 4975](#) Examples of prohibited transactions include:

- The direct or indirect: Sale, exchange, or leasing of property between you and the HSA
- Lending of money between you and the HSA
- Furnishing goods, services, or facilities between you and the HSA, and Transfer to or use by you, or for your benefit, of any assets of the HSA

Termination

Upon termination of employment, your Health Savings Account contributions from both payroll deductions and employer contribution will cease. However, you will continue to have access to your Health Savings Account after termination as the benefit is portable. In the event of termination, you will be assessed a \$3/month service fee beginning the first of the month following termination. This fee will automatically be deducted from your HSA account balance until the account is closed due to zero balance.

The process works as follows:

- 1) Termination process initiated at the end of each month.
- 2) You receive a letter with options on how to manage HSA funds—including: spending the funds, moving the funds to a new custodian, or staying with the TASC HSA. You have 30 days to choose an option.
NOTE: If the account has a balance of less than \$25, you may pull the funds out via direct deposit.
- 3) If after 30 days, TASC has received no options—your funds will automatically move into a new HSA account that is not associated with your employer. You will receive a new TASC Card and an email with your new account information and instructions to log in. Your previous HSA will remain available to view history, monthly statements, and tax documents.
- 4) A service fee of \$3/month begins the first day of the month after your termination.

You may open a new HSA, if you so choose. You can transfer funds as described in the [Transfer](#) section. Transfers typically happen within 2–3 days of receipt of request. A check will be mailed to the new HSA custodian for deposit into the new HSA. Then the TASC HSA account will automatically close and the TASC Card will be shut down. A notification of account closure is not sent.

Retirement

Upon retirement, your Health Savings Account contributions from both payroll deductions and employer contribution will cease. However, you will continue to have access to your Health Savings Account after retirement as the benefit is portable. If you elect to continue a qualified HDHP medical plan, you will be able to continue to contribute to your HSA via your TASC Online Account. You will be assessed a \$3/month service fee beginning the first of the month following retirement. This fee will automatically be deducted from your HSA account balance.

Please note: if you have a \$0 balance, no fee is assessed.

Online Plan Management

Managing your TASC HSA is easy with our secure website available to you 24/7/365 and our free [Mobile App!](#)

Online Tools & Support

In addition to making online Contributions and Distributions, you can log in to your TASC online account any time to access your TASC HSA and Investment Account and perform any of the following functions:

- Monitor account balances and transactions
- Change payment methods and bank accounts
- View statements and notifications
- Access important Plan documents and forms
- Update profile, dependents, and beneficiaries
- Change user name a password

Multiple documents and forms associated with the TASC HSA are available in your TASC online account to help understand and manage your account. Go to Tools & Support in your TASC online account, located here: <https://partners.tasconline.com/ETFEmployee>

Initial Access

Follow these simple steps to access your secure account.

- 1) **Log into your [TASC online account](#).**
- 2) **Enter your TASC Username:** Your first initial, last name, date of birth (mmddyy), and last 4-digits of their Social Security Number.
- 3) **Enter your Password.** The first time you log into the system, your password is the same as your username described above. Prompts will ask for a new, unique password and set up security questions before accessing your account.
- 4) **If you forget your Username or Password,** click Forgot Username or Forgot Password and answer the security questions to reset your information.
- 5) **If you have any trouble when accessing the [TASC online account](#) or issues logging in,** contact TASC Customer Care for further assistance.

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[Download](#)

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[Resetting Login Information for Expired Password](#)

[Mobile HSA Contributions and Distributions](#)

[HSA Distribution](#)

[HSA Contribution](#)

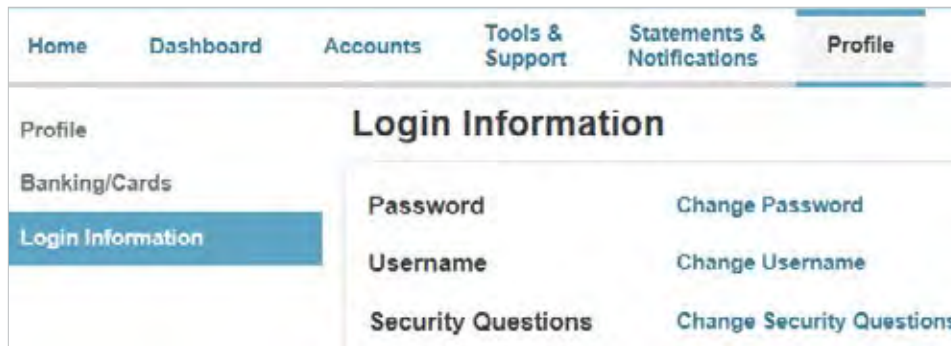
[Getting Help](#)

Changing a User Name and Password

- 1) Log into your [TASC online account](#).
- 2) Click on **Profile**.



- 3) Click on **Login Information** and click on **Change Password** or **Change Username** to change the respective information.



Mobile App

The TASC Benefits mobile app lets you securely access your account information wherever you are, 24/7/365.

Download

Visit the Apple iTunes® App Store or the Android® Marketplace and search for “eflex Benefits” to download. With the App, you can securely view account balances and filing deadlines, file claims and upload receipts, claims status and history, payment status, notifications and more.

Mobile App Login

To log into the App, enter your TASC online username and password.

If you do not know your User Name and Password, go to [TASC online account](#) and click **Forgot Username** or **Forgot Password**, or contact [TASC Customer Care](#) for assistance. With your initial log into the App, prompts to create a 4-digit PIN will occur. Subsequent access to the App only requires you to enter your 4-digit PIN.

Resetting Login Information for Expired Password

If your password expires (or is changed or reset), use the **Settings > Change Passcode > Reset Passcode** link on the passcode entry screen, to re-enter the correct username and password and define a 4-digit passcode.



Mobile HSA Contributions and Distributions

When you have an HSA you will see the following screen upon login.



When you **click the HSA Transaction button**, the From/To Screen displays the option to select either distribution or contribution. If only HSA distribution or only HSA contribution via the mobile app is enabled, then there is no toggle option.



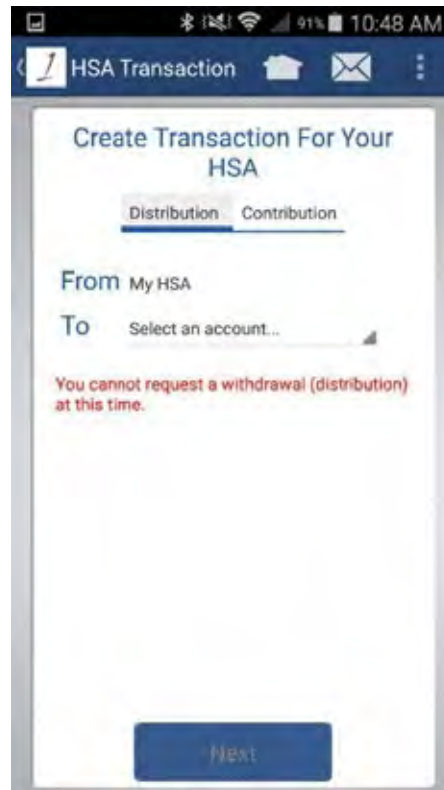
HSA Distribution

When you select **Distribution**, the **Create Transaction** page displays. You'll be able to select desired accounts from the **Pay From** and **Pay To** dropdown menus.

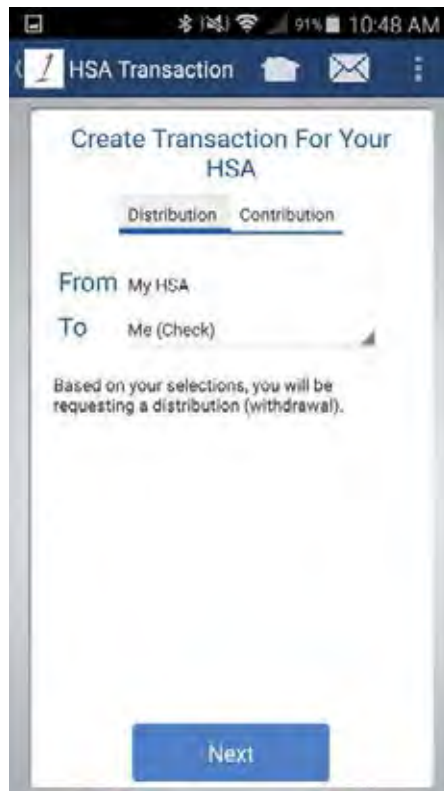
The **Pay To** dropdown menu includes all setup bank accounts, a **Me (Check)**, any previously setup **payees**.

Click the Next button to add a payee when requesting an HSA distribution.

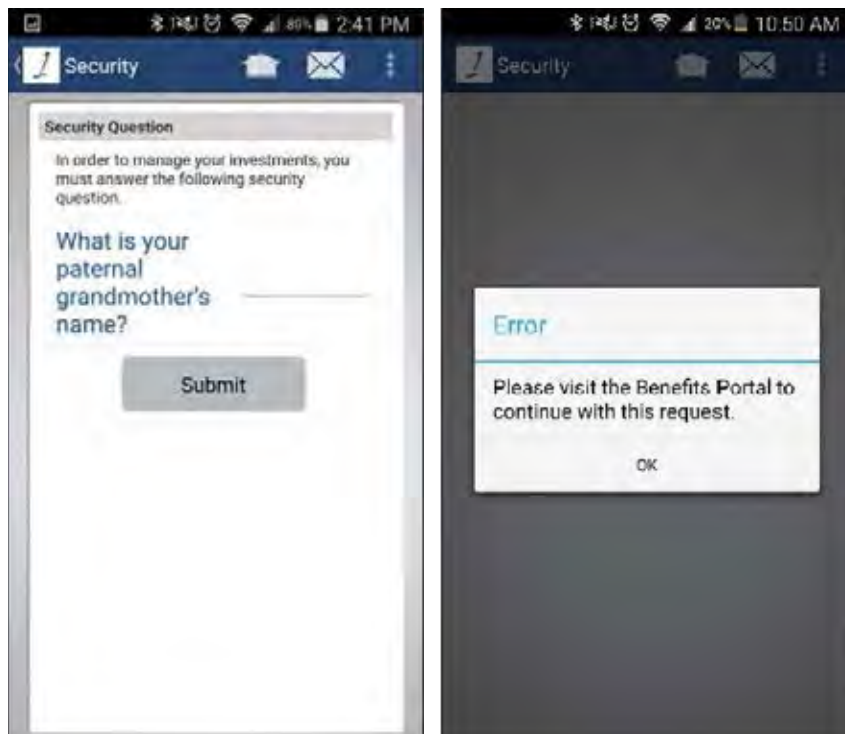
If there is a hold on your HSA Account, the following message will be displayed: "You cannot distribute (withdraw) funds at this time."



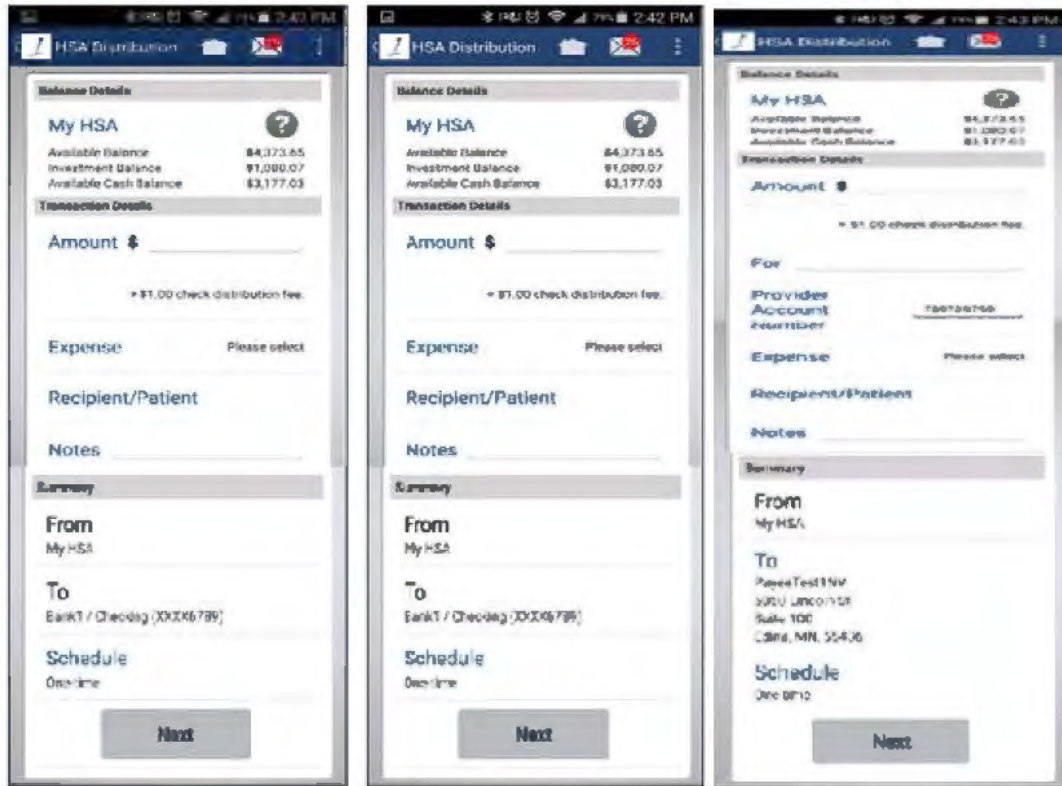
After you select **Pay To**, the mobile app displays the message: "Based on your selection, you will be requesting a distribution (withdrawal)."



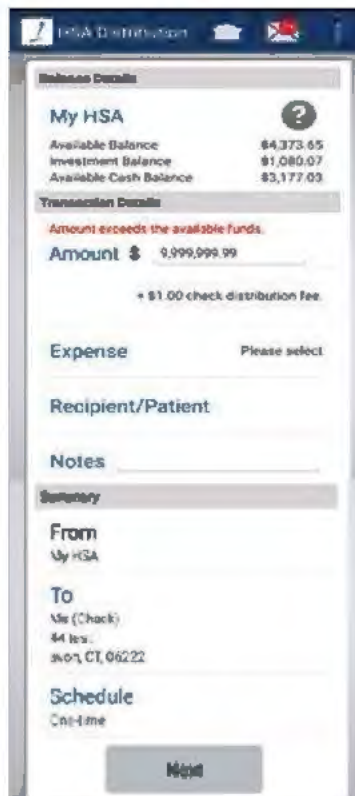
Click **Next**, and an authentication question will display. These are the same security questions that you previously set up your TASC online account. If you do not have a security question set up, you'll be redirected to your TASC online account..



If you correctly answer the security question, the **Transaction Details** page displays. Enter the distribution information and click **Next**.



If an attempt is made to distribute more funds than available, the mobile app prevents it and displays an error message.



Click Next. An HSA distribution disclaimer will display. This is the same display presented in your TASC online account. You are required to **view the entire content** of the disclaimer in order to activate the **Agree and Submit** button.



Once the request is submitted, the home page displays with a confirmation that the distribution has successfully processed.



HSA Contribution

Selecting **Contribution** will display the Create Transaction For Your HSA page. The From dropdown menu displays your active bank accounts. If you only have one bank account, the mobile app automatically selects that account by default.

After the bank account is selected, the mobile app displays a message indicating: "Based on your selections, you will be requesting a contribution (deposit)."



If you do not have an active bank account, the mobile app displays the message: "Please visit the Benefits Portal to setup a bank account."



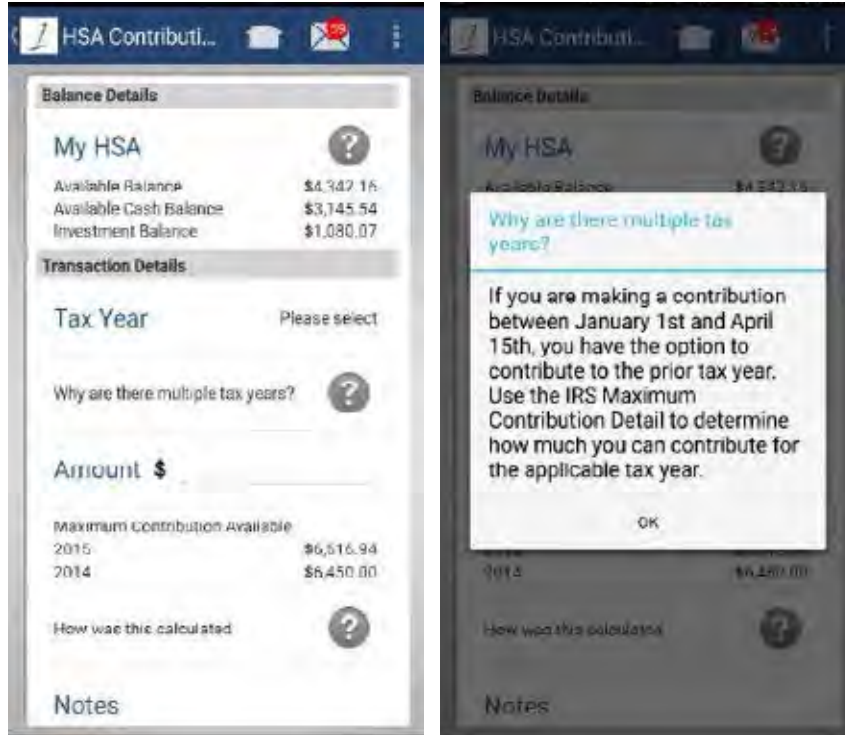
If there is a hold on your HSA Account, the mobile app displays the message: "You cannot contribute (deposit) funds at this time."



Click **Next** on the From/To Screen, the HSA Contribution form displays.



If the date is between January 1 and the tax filing date, there is a dropdown for you to select the tax year.



If an attempt is made to contribute funds over the IRS maximum, the mobile app prevents it and displays an error message.



Click Next. An HSA Contribution Disclaimer displays. This is the same disclaimer that is presented on your TASC online account.

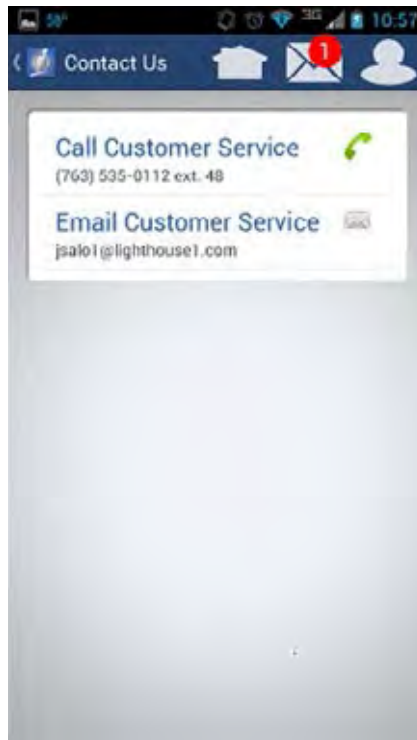


Once the request is submitted, the home page displays with a confirmation that the contribution has successfully processed.

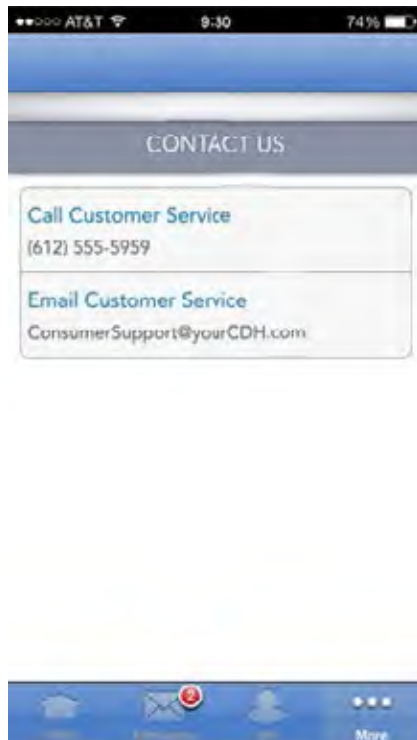


Getting Help

The Contact Us screen displays contact information based on administrator and employer settings; when not logged in, a default phone number and email address will be used.



ANDROID



iOS

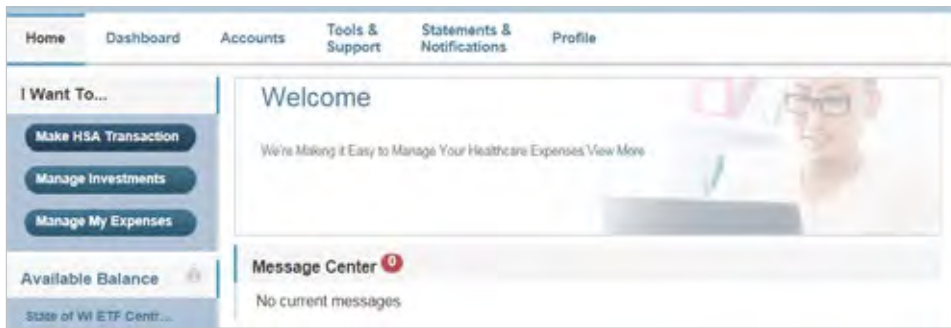
Year-End Tax Forms

Each year, HealthCare Bank creates the following tax forms for any HSA account-owner with distribution and/or contribution activity during the previous Plan Year. These are information statements only and not needed to file your taxes.

- [Form 1099-SA](#)—if distribution activity in prior Plan Year (sent in January).
- [Form 5498-SA](#)—if contribution activity in prior Plan Year (sent in May); HSA account-owners must report their contributions on [Form 8889](#) when filing their Federal tax return.

These statements are available online only—you will not be sent a hard copy. You will receive an email notification when they are available to view. You have the ability to print (see steps below).

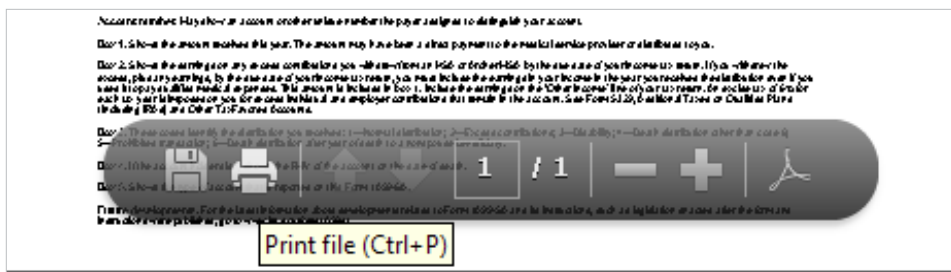
- 1) **Log in** to your TASC online account: <https://partners.tasconline.com/ETFEmployee>
- 2) **Click Statements & Notifications.**



- 3) **Click the Tax Statement** you wish to print from the displayed list.



- 4) The Statement will display and give you the option to print.



SECTION CONTENTS

[How to Designate an HSA Beneficiary](#)

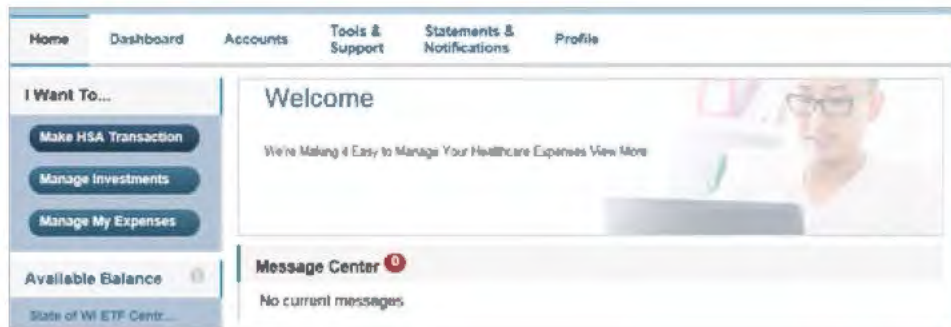
Beneficiaries

You should set up a beneficiary as soon as you set up your HSA. If you have a spouse, you are not required to make that person your beneficiary. However, if you make that choice, you must complete the [Beneficiary Change Form](#). This form must be signed by you and your spouse and must be notarized. This form may be mailed or fax to the address/number on the form.

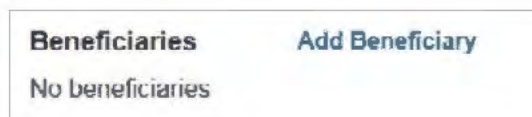
If you do not specify a beneficiary—there is no penalty or repercussions unless you die. In the case of death, if you do not have a beneficiary, the HSA account will remain open until there are 12 consecutive months of no activity. Then the balance will be escheated—which means the employer (State of Wisconsin) will take control of the funds until an heir comes forward to claim the asset.

How to Designate an HSA Beneficiary

- 1) Log in to your online HSA. From your home page, you will choose the **Profile tab**.



- 2) Click on Add Beneficiary.



3) Complete the form and **click submit**.

The screenshot shows a web application interface for adding a beneficiary. At the top, there is a navigation menu with links for Home, Dashboard, Accounts, Tools & Support, Statements & Notifications, and Profile. The Profile section is active, and the page title is 'Profile / Add Beneficiary'. On the left, there are links for 'Banking/Cards' and 'Login Information'. The main content area is titled 'Beneficiary Information' and contains a paragraph of instructions: 'You may designate a beneficiary for your Health Savings Account (HSA). The designated beneficiary will receive your HSA assets in the event of your death. If you are married in common law or marital property states, you must designate your spouse as your Primary Beneficiary. You can change beneficiaries by submitting a notarized Beneficiary Change Form with your spouse's signature of consent.' Below this text are several form fields: 'Name *' with a text input and a 'Show/Hide' toggle; 'SSN *' with a text input; 'Birth Date *' with a date picker; 'Address *' with a text input, a 'Show/Hide' toggle, and a 'Select a state...' dropdown; 'Relationship *' with a 'Select a relationship...' dropdown; and 'Type *' with radio buttons for 'Primary' (selected) and 'Contingent'. At the bottom of the form, there is a 'Cancel' button on the left and a blue 'Submit' button on the right.

Death

In the event of death of a participant in an HSA plan, TASC should be notified as soon as possible. This will be recorded in the employee's profile. If there is a beneficiary noted, they will be sent an [HSA Death Distribution form](#) to complete and return to TASC alone with a notarized copy of the death certificate. (**NOTE:** A beneficiary can use HSA funds to pay for any medical expenses for the HSA participant that were incurred prior to death.)

The next steps are determined based on the relation of the beneficiary to the HSA participant:

- If the beneficiary is the spouse of the HSA participant, they have a choice:
 - Retain the HSA for their own use. If they choose this option, a new retail account will be created and the new owner (beneficiary) will incur a \$3.00 per month service fee. Once the account reaches a zero balance, it will be closed.
OR
 - Receive full distribution of the remaining HSA funds.
- If the beneficiary is not a spouse, they must take full distribution which should be made in the year of the death. The non-spouse beneficiary must include these funds as income in the year of death, even if the distribution occurs in a later year. Income taxes are paid on the distribution, however, they do not have to pay the 20% penalty tax for non-eligible distributions. The IRS [Form 8889](#) would be used and attached to the federal tax return.

Upon receipt of information the account balance will be issued to the designated beneficiary by check, which may take up to 10 business days or the beneficiary has the option to retain the HSA in their own name.

If no beneficiary is noted on an account, it will remain open until there are 12 consecutive months of no activity. Then the balance will be escheated—which means the employer (State of Wisconsin) will take control of the funds until an heir comes forward to claim the asset.

Reports

Each month TASC provides you with your HSA Account Summary Report online. You will be notified the report is ready for viewing via an email notification. This report is similar to a bank statement. It will display beginning and ending balances, all contributions, and all distributions made for the HSA account. This report is provided automatically, you do not need to sign up to receive this report.

Common Errors and How to Correct Them

This section outlines common errors or situations and how to resolve them. It is important to correct errors prior to April 15 of each year to ensure proper tax reporting for the previous tax year.

Please note that you are responsible for all distributions, for compliance to eligibility for expense, and for ensuring they do not exceed IRS maximum HSA contribution limits. As the employer, the State of Wisconsin is responsible for furnishing funds for payroll contributions and employer contributions by April 15 for the previous tax year.

- 1) A pre-tax payroll deduction amount was incorrect.** The employer will note this error on the ELI file and TASC will correct as needed. All corrections are transmitted to Healthcare Bank to ensure tax statements reflect the proper contribution amount.
- 2) An HSA distribution amount was incorrect.** Notify TASC immediately. The solution is based on how the distribution was sent. If a check was sent, it will be voided. If it was a direct deposit/EFT transaction, you can make the adjustment. Contact TASC Customer Care for more information on how to make an adjustment to an incorrect distribution.
- 3) A distribution was for an ineligible expense.** You must pay back this distribution. Please note—ineligible distributions are subject to a 20% penalty by the IRS. To rectify the error you can direct deposit funds back into your HSA for the amount in question. You would notify TASC to change your contribution (for this correction) from Normal to Adjusted so it is not viewed as a new contribution. This correction would not be applied to the IRS maximum limit for HSA.

Participant Communications

Participant Introductory Communications

Enrollment Confirmation Email

This email confirms your enrollment in the State of Wisconsin's pre-tax savings optional benefits for the 2016 plan year. Your enrollment is now complete. The plan year begins January 1, 2016.

You can access plan resources by logging into the online FlexSystem portal here:

<https://partners.tasconline.com/ETFEmployee>.

If you have questions or concerns, please contact your plan administrator:

1customercare@tasconline.com

1-844-786-3947

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[Welcome Letter](#)

All communications regarding your accounts will be sent to the email address listed in your online account. If there is no email address on file, you will receive the communication by mail.

New HSA Participant Welcome Letter

Dear TASC Participant,

Welcome to TASC. To log in to your account(s) click the following link: <https://partners.tasconline.com/ETFEmployee>

To access your account, use the same Username and Password created during your 2016 online enrollment. If you do not remember your Username or Password please click forgot password.

If this is your first time logging into the 2016 TASC system, use the following logic to log in. Please note you will be prompted to change your password upon first login.

Username: First initial of first name + full last name + dob (mmddyy) + last 4 digits of SSN

Example: mmouse0315815643

Password: First initial of first name + full last name + dob (mmddyy) + last 4 digits of SSN

Example: mmouse0315815643 (same as username)

Via the 2016 TASC system, you'll enjoy the ease of going online to submit claims with substantiation, view benefits and balances, add your personal email or text notifications, update your profile, and more. And now you can access TASC from anywhere at any time for all of your benefit accounts including HSA with the TASC Mobile App. Download the free mobile app from the Apple App Store or Android Google Play by searching for "eflex Benefits".

Finally, be sure to review the TASC Participant Reference Guide to learn how to best manage your TASC account(s). The guide provides detailed information about online account management, the TASC Card, submitting reimbursement requests, substantiation, and much more. The guide will be available online for your reference (under Tools & Support) on January 1. If you have questions specific to your TASC account(s) please contact Customer Care at **1-844-786-3947** or **608-316-2408**.

Best Regards,

TASC Customer Care

Total Administrative Services Corporation

PO Box 7511

Madison WI 53707

Glossary

HSA: Health Savings Account

A health savings account (HSA) is a tax-advantaged medical savings account available to taxpayers in the United States who are enrolled in a high-deductible health plan (HDHP). The funds contributed to an account are not subject to federal income tax at the time of deposit. Contributions are limited to an annual limit each year, however the total funds carry with the participant from year to year for use. Participants can draw funds for certain medical expenses from this account such as the deductible amounts that may apply for a medical claim. The remaining monies in the savings account earn interest, can be invested, and are the participants to keep.

Permitted Coverage

Permitted coverage (whether through insurance or otherwise) is coverage for accidents, disability, dental care, vision care or long-term care. Prescription drug benefits are not listed as permitted insurance or as permitted coverage under section 223(c)(1)(B).

Permitted Insurance

Permitted insurance is coverage under which substantially all of the coverage provided relates to liabilities incurred under workers' compensation laws, tort liabilities, liabilities relating to ownership or use of property, insurance for a specified disease or illness, and insurance that pays a fixed amount per day (or other period) of hospitalization.

Post-Deductible

Out of pocket expenses that are incurred after the statutory deductible amount for the individual's health plan have been met.

VA Benefits

Veterans are generally eligible for medical benefits through the Veterans Health Administration (VA). Because the VA is not a high deductible health plan (HDHP), VA coverage raises HSA eligibility issues for veterans who are also covered under a HDHP. Veterans may be eligible for benefits, but may not receive them in the three month period prior to HSA eligibility with one exclusion. Veterans enrolled in a HDHP (with no other disqualifying coverage) and who have a service-connected disability may make or receive HSA contributions regardless of when they received VA benefits. In other words, veterans with a service-connected disability will not be blocked from HSA eligibility merely because they accessed VA benefits in the prior three months.

Forms

Visit <https://partners.tasconline.com/ETFEmployee> to download forms and other documents as needed.

- [Beneficiary Change/Spousal Consent Form](#)
- [Change of Election Form](#)
- [Contribution Form](#)
- [Contribution Change Form](#)
- [Death Distribution Request Form](#)
- [Distribution Request Form](#)
- [Eligible Expenses Flyer](#)
- [Enrollment Form](#)
- [Health Savings Account Enrollment Guide](#)
 - [General Information](#)
 - [Interest Rate & Investment Options Flyer](#)
 - [How to Enroll](#)
 - [Annual Expense Estimate Worksheet](#)
 - [TASC Tools](#)
- [Health Savings Account Retiree Enrollment Flyer](#)
- [Health Savings Account Retiree Enrollment Form](#)
- [Information Authorization Form](#)
- [Power of Attorney Form](#)
- [Transfer Form](#)

APPENDIX



HSA BENEFICIARY CHANGE/SPOUSAL CONSENT FORM

Instructions

- Use this form to designate or change your beneficiary. If you are married in common law or in a community property or marital property state, you must designate your spouse as your Primary Beneficiary. If you wish to designate someone other than your spouse, your spouse must agree by signing in the Spousal Consent section. Your spouse's signature must be notarized.
- Forward completed form to: **TASC (TPA)** at:
Mail: PO Box 7511 or **Fax: 1-877-231-1287**
Madison, WI 53707-7511
- For any questions regarding changing your beneficiary, please call **1-844-786-3947**.

Accountholder Information

Last Name	First Name	Middle Initial
Social Security Number	Employee ID and Employer (if applicable)	
Telephone Number	Email Address	

Beneficiary Designation

I designate the following individual(s) or entity as my primary or contingent death beneficiary(ies) of this HSA, and I hereby revoke all prior death beneficiary designations made by me. Share percentages must equal 100% for primary and 100% for contingent.

No.	Name and Address	Date of Birth	Social Security Number	Primary or Contingent	Relationship	Share %
1.				<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	<input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other	
2.				<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	<input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other	
3.				<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	<input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other	

Spousal Consent (for HSA Accountholders married in common law or in a community property or marital property states)

- I am not married and I understand that if I become married in the future, I must complete a new HSA Beneficiary Change/Spousal Consent Form.
- I am married and I understand that if I choose to designate a primary death beneficiary other than my spouse, my spouse must agree to the designation by signing below. My spouse's signature must be notarized.

Signature of Spouse	Subscribed and sworn to before me this _____ day of _____, 20____
Date	Notary Public

Signature

I certify that I am the HSA Accountholder or an individual authorized to execute this transaction. I assume full responsibility for this transaction and will not hold TPA or Healthcare Bank liable for any adverse consequences that may result. I have not received any tax or legal advice from TPA or Healthcare Bank and, if necessary, will seek the advice of a tax or legal professional to ensure my compliance with related laws.

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

I understand that if I am married and my residence is in a community or marital property state, or if I am transferring property to this HSA that I acquired while married and residing in a community or marital property state, my spouse may have a community or marital property interest in contributions to and earnings in this HSA, whatever the source. This community property interest may be released by a properly executed consent. I understand that I may wish to consult with legal counsel to ensure that my designation is proper. I understand that if I designate my spouse as primary death beneficiary or contingent death beneficiary of the HSA, the dissolution, termination, annulment or other legal termination of my marriage will automatically revoke such designation.

Signature of HSA Accountholder	Date
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CHANGE OF ELECTION FORM

A change of election must be (1) on account of and correspond to one of the Qualifying Events below, and (2) made within 30 days of the qualifying event. These events are *not* required for changes to the Transit or Parking Flexible Spending Account and Health Savings Accounts. **This form is for your internal use only. Retain for your records.**

Plan Participant: Complete the form below, sign, and submit to your Payroll/Benefits Office. Retain a copy for your records.

Client/Employer: Make changes to an employee's account in your HRIS/Payroll System and submit changes to TASC via eligibility file. If you do not submit eligibility files to TASC, please submit completed forms to stateofwi@tasconline.com. Detailed instructions are provided in the TASC Administration Manual.

Participant Name:	
-------------------	--

Employer:

Participant ID:		Effective date of change:		First payroll date affected by change:	
-----------------	--	---------------------------	--	--	--

Type of Change: I hereby request a changes in my benefit election(s) as follows:

	Current Payroll Deduction Amount	New Payroll Deduction Amount	Revised Annual Election*
Healthcare Flex Spending Account	\$	\$	\$
Dependent Day Care Flex Spending Account	\$	\$	\$
Limited Purpose Healthcare Flex Spending Account	\$	\$	\$
Transit Flex Spending Account	\$	\$	\$
Parking Flex Spending Account	\$	\$	\$
Health Savings Account (HSA)	\$	\$	\$

***Required to be entered.** The revised annual amount is determined by adding your year-to-date deductions taken at the old rate to your deductions to be taken for the remaining pay periods in the Plan Year.

Reason for Change (Qualifying Events):

<input type="checkbox"/> Change in Legal Marital Status	<input type="checkbox"/> Change in the Cost of Coverage*	<input type="checkbox"/> Judgement, Decree or Order
<input type="checkbox"/> Change in Number of Dependents	<input type="checkbox"/> HIPAA Special Enrollment Rights*	<input type="checkbox"/> Entitlement to Medicare/Medicaid
<input type="checkbox"/> Dependent Satisfies or Ceases to Satisfy Eligibility Requirements	<input type="checkbox"/> Significant Curtailment of Coverage*	<input type="checkbox"/> COBRA
<input type="checkbox"/> Change in Employment Status	<input type="checkbox"/> Addition/Elimination of Benefit Package*	<input type="checkbox"/> FMLA
<input type="checkbox"/> Change in Residence*		
<input type="checkbox"/> Change in Coverage of Spouse or Dependent Under Other Employer's Plan*		
<input type="checkbox"/> Loss of group health coverage sponsored by governmental or educational institutions*		
<input type="checkbox"/> Exchange Event: reduction in hours (less than 30)*		
<input type="checkbox"/> Exchange Event: Exchange enrollment during Exchange open or special enrollment period*		
<input type="checkbox"/> Rescind my enrollment application prior to the start of the Plan Year**		

**The Medical Out-of-Pocket FSA cannot be changed due to one of these nine events.*

***The ability to rescind an application can only occur if the Request to Change form is received prior to the start of the Plan Year. You cannot make mid-year changes, including canceling your account, unless you experience a qualifying event.*

Participant Signature _____ Date _____

Client/Employer Signature _____ Date _____

TASC complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-608-316-2408. LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-877-533-5020 (TTY: 1-800-947-3529).



HSA CONTRIBUTION FORM

Instructions

- Use this form to make a normal, mistaken distribution, rollover or transfer contribution.
- Enclose a check made payable to **TASC (TPA)** and forward with completed form to:
Mail: PO Box 7511 or Fax: 1-877-231-1287
Madison, WI 53707-7511
 If a check will be sent for a transfer from another HSA custodian or trustee, indicate that in the transfer section and forward the completed form without an enclosed check. Transfer checks should be sent to
Healthcare Bank FBO (Accountholder Name)
3100 13th Avenue South, Fargo ND 58103.
- If you have any questions regarding making a contribution to your HSA, please call **1-844-786-3947**. For more information regarding transfers, see the HSA Transfer Information Form.

Accountholder Information

Last Name	First Name	Middle Initial
Social Security Number	Employee ID and Employer (if applicable)	
Telephone Number	Email Address	
Street Address		
City	State	Zip Code

Contribution Information

Contributions over the cash minimum qualify to be invested and will be placed by default into an interest-bearing account. If you would like to change your investment allocation, you may do so by logging in to your account at <https://partners.tasconline.com/ETFEmployee>. Future contributions will be allocated according to your investment allocation instructions.

Contribution Amount \$ _____

Contribution for Tax Year _____

Contribution Type (choose one below):

- Normal - A normal contribution would include a regular, catch-up, or post-tax contribution.
- Mistaken Distribution – Contributions for a mistaken distribution must occur before December 31 of the year in which the mistaken distribution occurred. Contributions received after December 31 will be applied to the contribution maximum for the following year.
- Rollover from (choose one): HSA MSA **Please include a check.**

Rules and Conditions Regarding Rollovers A rollover is a way to move money or property from one HSA or Medical Savings Account (MSA) to another HSA. The Internal Revenue Code limits the number of rollovers that may be taken, how quickly rollovers must be completed and how the trustee or custodian must report the transaction.

Timeliness The funds you receive from the distributing HSA or MSA must be deposited into another HSA within 60 days of receipt of funds.

Twelve Month Restriction You can only make one rollover contribution per HSA per twelve-month period.

- Transfer from (choose one): HSA MSA IRA
- I have enclosed a check from the previous trustee or custodian.

Signature

I certify that I am the HSA accountholder or an individual authorized to execute this transaction. I have read and understand the instructions and any rules or conditions relating to and have met the requirements for making this transaction. I assume full responsibility for this transaction and will not hold TPA or Healthcare Bank liable for any adverse consequences that may result. I have not received tax or legal advice from TPA or Healthcare Bank and, if necessary, will seek the advice of a tax or legal professional to ensure my compliance with related laws. All information provided by me is true and correct and may be relied upon by TPA and Healthcare Bank. If I have chosen rollover or transfer as the contribution type, I make an irrevocable election to treat this transaction as such.

Signature of HSA Accountholder

Date



HSA CONTRIBUTION CHANGE FORM

Instructions

1. Complete and sign the form, and obtain a signature from your Employer,
2. Return the completed form to your Payroll/Benefits Office to update your contributions and submit to TASC.
3. For any questions regarding this form, please call **1-844-786-3947**.

Accountholder Information

_____ Last Name	_____ First Name	_____ Middle Initial
_____ Social Security Number	_____ Employer Name	

Change Current Election

I want to change my HSA Plan contributions effective (MM/DD/YYYY): _____

Existing Contribution: \$ _____ Deduction per Pay Period: \$ _____

New Contribution: \$ _____ **Deduction per Pay Period:** \$ _____

Change will become effective on this Pay Date: _____

I authorize my employer to deduct my new HSA election shown above from my pay and forward the funds to my HSA.

Signature of Account Holder

Date

Signature of Employer

Date



HSA DEATH DISTRIBUTION REQUEST FORM

Instructions

1. Use this form to authorize a distribution of assets from a decedent's HSA, directly to you as the beneficiary.
2. Complete all sections of this form, **attach a notarized copy of the death certificate** and forward to: **TASC (TPA)** at
Mail: PO Box 7511 **or Fax: 1-877-231-1287**
Madison, WI 53707-7511
3. For any questions, please call **1-844-786-3947**.

Accountholder Information (Beneficiary completes this section with HSA Accountholder information.)

Last Name	First Name	Middle Initial
-----------	------------	----------------

Social Security Number	Employee ID and Employer (if applicable)
------------------------	--

Beneficiary Information (Beneficiary completes this section with his/her information.)

Please Select Beneficiary Type Spouse Non-Spouse Estate - A copy of the Letter Testamentary is required to validate executorship.

Last Name	First Name	Middle Initial
-----------	------------	----------------

Address	City, State, Zip
---------	------------------

Social Security Number	Date of Birth
------------------------	---------------

Telephone Number	Driver's License Number
------------------	-------------------------

Processing Option (Please choose only one.)

- I am the spouse and I am requesting the account to remain an HSA account.** By completing this section, I am requesting that a new HSA account be opened in my name. I will receive an HSA Enrollment Form to be completed and signed in order to finalize the account. After the setup is complete, the HSA funds remaining in my spouse's account will be transferred to my new account.
- I am the spouse and I am requesting payout and closing of my husband's/wife's HSA account.** Amounts distributed will generally be included in my gross income, except for any amount used to pay for medical expenses I incur before the distribution date or medical expenses that were incurred by my spouse before death (and paid by me within one year after the date of death).
- I am a non-spousal beneficiary requesting payout.** I am required to include the funds received in my gross income, except for any amount used to pay for medical expenses incurred by the HSA Accountholder (and paid by me within one year of the Accountholder's death).
- I am the executor of the Estate of the Decedent.** If there is no designated beneficiary, the entire amount of the HSA shall be paid to the estate of the deceased and included on the decedent's final income tax return.

Rules, Conditions and Signature

Checks will be issued and mailed to the address provided above. To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies any person to whom funds are being distributed prior to completing the distribution. If the HSA consists of mutual funds, these funds will be liquidated and transferred/distributed as cash. TPA and Healthcare Bank reserve the right to complete this liquidation at such time that is reasonable upon receipt and verification of this form.

Due to the important tax consequences relating to the death of an HSA Accountholder, I have been advised to see a tax professional. State tax laws may vary, and I agree that neither TPA nor Healthcare Bank makes any representation as to the tax effect of this distribution under state or federal law. The information provided is in general terms only to provide some information relating to the tax consequences of a decedent's HSA account. Information provided by me is true and correct and may be relied upon by TPA and Healthcare Bank. I assume full responsibility for this transaction and will not hold TPA or Healthcare Bank liable for any adverse consequences that may result. **I am the individual authorized to execute this transaction. I have read and understand the instructions, rules and conditions relating to this transaction.**

Signature of HSA Beneficiary _____

Date _____



HSA DISTRIBUTION REQUEST FORM

Instructions

- Use this form to request a distribution from your HSA for one of the reasons indicated below. **For death distributions, complete the Death Distribution Request Form.**
- Fax the completed form to **1-877-231-1287** or forward it to:
TASC (TPA)
PO Box 7511
Madison, WI 53707-7511
- If you have any questions regarding distributions from your HSA, please call **1-844-786-3947**.

Accountholder Information

 Last Name First Name Middle Initial

 Social Security Number Employee ID and Employer (if applicable)

I direct TPA to make a distribution from my HSA for the following reason (choose only **one** reason per form):

Normal/Disability/Prohibited Transaction Distribution

- Normal – For payment of qualified medical expenses; save your receipts
- Disability – If the disability renders you unable to engage in any substantial gainful activity and it is medically determined that the condition will last continuously for at least 12 months or lead to your death. Disability distributions are subject to ordinary income tax.
- Prohibited Transaction – use of HSA funds for anything other than a qualified medical expense; if not corrected in a timely manner, IRS penalties may be imposed.

Amount of Distribution \$ _____

Excess Contribution Removal

- Excess Contribution Removal
 Amount of excess contribution \$ _____
 Date excess contribution occurred _____

Rollover/Transfer

If I am requesting account closure, I authorize the TPA to liquidate the investments in my HSA Investment Account and wait 10 days to allow any outstanding debit card transaction (if debit card is applicable to my account) to settle before mailing the check for any remaining account balance, less any applicable account closing fee.

- Rollover – Check will be made payable to HSA Accountholder and mailed to your address on file.

Please liquidate my entire account balance or \$ _____

This rollover will / will not close my HSA account (please check one).

The IRS Code limits the number of rollovers that may be taken, how quickly rollovers must be completed and how the trustee or custodian must report the transaction. If you need additional information, please contact your tax advisor. By selecting this option, you are certifying to the bank that you have satisfied the rules and conditions applicable to your rollover and that you are making an irrevocable election to treat the transaction as a rollover. The funds you receive from the distribution of an HSA must be deposited into another HSA within 60 days from when you receive them. You are entitled to one distribution per year per HSA which may be rolled over. You are entitled to roll over the same assets only once in a twelve (12) month period.

- Transfer – Check will be made payable to the receiving Administrator/Trustee/Custodian for the benefit of the HSA Accountholder and mailed to the address you provide below. It is the HSA Accountholder's responsibility to forward the check to the new Administrator/Trustee/Custodian.

Please liquidate my entire account balance or \$ _____

This transfer will / will not close my HSA account (please check one).

Name of Receiving Administrator/Trustee/Custodian _____

Address of Receiving Administrator/Trustee/Custodian _____

Signature

I certify that I am the HSA Accountholder or an individual authorized to execute this transaction. I have read and understand the instructions and any rules or conditions relating to this transaction. I assume full responsibility for this transaction and will not hold TPA or Healthcare Bank liable for any adverse consequences that may result. I have not received tax or legal advice from TPA or Healthcare Bank and, if necessary, will seek the advice of a tax or legal professional to ensure my compliance with related laws. All information provided by me is true and correct and may be relied upon TPA and Healthcare Bank.

 Signature of HSA Accountholder

 Date

TASC complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-608-316-2408.

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-877-533-5020 (TTY: 1-800-947-3529).



HEALTH SAVINGS ACCOUNT ELIGIBLE EXPENSES

Once you have contributed money into your Health Savings Account (HSA), you can use it to pay for eligible medical expenses tax free.

Below is a partial list of eligible expenses that are reimbursable through an HSA. Eligible expenses can be incurred by you, your spouse, or qualified dependents. For more information, see your HSA Participant Guide. For the complete list of eligible and ineligible expenses, visit www.irs.gov and see IRS Publications 502.

Medical Expenses

- Acupuncture
- Ambulance services
- Annual physical examination
- Artificial limbs or prosthesis
- Artificial teeth
- Birth control/contraceptive devices
- Birth classes/Lamaze¹
- Blood pressure monitor
- Blood sugar test kits/test strips
- Breast reconstruction surgery¹
- Childbirth/delivery
- Chiropractic therapy/exams/adjustments
- Co-payments
- COBRA healthcare premiums
- Cosmetic surgery¹
- Crutches¹
- Dermatology services
- Diagnostic services
- Electronic body scans
- Flu shots
- Guide dog or other service animal
- Gynecological care
- Hearing aids and batteries¹
- Incontinence supplies
- Infertility treatments
- Insulin and diabetic supplies
- In vitro fertilization
- Laboratory fees
- Lactation expenses
- Legal sterilization
- Medical supplies to treat an illness or injury
- Nasal strips
- Neurological care
- Nursing home
- Nursing services
- Obstetric care
- Operations/surgery¹
- Optometrist/ophthalmologist services
- Orthopedic shoes
- Oxygen and oxygen equipment
- Physical exams
- Physical therapy¹
- Pregnancy test kits
- Podiatry services
- Prenatal/postnatal treatment
- Prescription medications
- Psychological care
- Psychiatric care
- Sleep apnea services/products¹
- Smoking cessation programs
- Special education tutoring
- Speech therapy
- Surgery
- Telephone or TV equipment for the hearing or vision impaired
- Therapy or counseling
- Transplants
- Treatment for alcohol or drug dependency
- Vaccinations
- Vasectomies
- Weight loss programs¹
- Wheelchairs
- Wigs¹
- Wrist supports/elastic straps
- X-ray fees

What is an eligible expense?

An eligible medical expense is a health care service, treatment, or item that the IRS states can be paid for without taxes.

How should I keep track of my eligible expenses?

You should keep all of your receipts and pertinent documentation in order to prove your HSA was used for eligible medical expenses.

¹: Restrictions may apply. See IRS Publication 502 for more details.

Dental Expenses

- Cleanings and exams
- Crowns and bridges
- Dental surgery
- Dental x-rays
- Dentures
- Diagnostic services
- Extractions
- Fillings
- Occlusal guards
- Orthodontia
- Root canals

Vision Expenses

- Contact lenses and lens solutions
- Diagnostic services
- Eye exams
- Eye surgery
- Eyeglass repair kits
- Laser eye surgery/LASIK
- Prescription eyeglasses
- Seeing eye dog (*buying, training, and maintaining*)

OTC Medicines and Drugs

Over-the-counter (OTC) medicines and drugs, except for insulin, require a prescription from your physician to be reimbursable with your TASC HSA. The prescription must be included with each request for reimbursement.

- Calamine lotion
- Canker/cold sore relievers
- Diaper rash ointments
- First Aid supplies
- Hemorrhoid creams and treatments
- Hydrogen Peroxide or rubbing alcohol
- Indigestion and anti-acid relievers
- Nicotine patches
- Pain relievers (*Tylenol, Advil, etc.*)
- Pain relieving creams or gels (*Bengay, etc.*)
- Sinus medications
- Teething gels

Individuals Over Age 65

Individuals over the age of 65 may use HSA funds to pay for the following expenses:

- Medicare Parts A or B
- Medicare HMO premiums (*Medicap insurance premiums do NOT qualify*)
- Health insurance premiums while receiving unemployment compensation
- Employee share of premiums for employer-sponsored health insurance, including retiree health insurance (*if not already taken before taxes*)

Ineligible Health Savings Account Expenses

Note: If you pay for anything other than qualified expenses with your HSA, the amount will be taxable, and you will pay an additional 20 percent tax penalty. If you are age 65 or older, the tax penalty does not apply, but the amount must be reported as taxable income.

Below is a partial list of ineligible expenses. For more information, see your HSA Participant Guide. For the complete list of eligible and ineligible expenses, visit www.irs.gov and see IRS Publications 502.

- Advance payment for future medical expenses
- Athletic mouth guards
- Childcare
- Contributions to state disability funds
- Cosmetic supplies (*makeup, cleansers, moisturizers, etc.*)
- Cosmetic surgery (*unless due to trauma or disease*)
- Deodorant
- Dental floss
- Diaper services
- Dietary and fiber supplements
- Electrolysis or hair removal
- Eye drops for general comfort
- Eyeglass cases
- Funeral, cremation & burial expenses
- Gasoline
- Hand sanitizer
- Health club or athletic club membership dues
- Household help
- Hygiene products
- Insurance premiums (*all types*)
- Lotions or skin moisturizers
- Marriage counseling
- Maternity clothes
- Mattresses
- Meals
- Medicare premiums
- Nutritional supplements and vitamins
- Over-the-counter medications not prescribed by your doctor
- Sunglasses and sun clips (*non-prescription*)
- Safety classes (*non-prescription*)
- Swimming lessons
- Teeth whitening
- Toiletries
- Weight-loss programs (*unless prescribed to treat a specific disease*)



TASC Customer Care | Phone 844-786-3947 or 608-316-2408 | Email customer@tasconline.com

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ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-316-2408.
LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-877-533-5020 (TTY: 1-800-647-3529).



State of WI Employee Enrollment Form

Items Included:

- Enrollment Form (p. 1)
- Privacy Policy (pp. 2-3)
- Terms, Conditions, and Signature – *optional checkbox and signature*
- Custodial Agreement and Disclosure Statement (pp. 6-17)
- Designation of Representative by Accountholder (pp. 17-20)

EMPLOYEE/PARTICIPANT INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____
 Employee ID# (if known): _____ Social Security Number: _____
 Date of Birth (mm/dd/yyyy): _____ Mother Maiden Name: _____
 Gender: Female Male Marital Status: Single Married
 Daytime Phone Number: _____ Email Address: _____
 Home Address (street): _____
 City: _____ State: _____ Zip Code: _____

Employer Name (select one): <input type="checkbox"/> Central <input type="checkbox"/> Courts <input type="checkbox"/> Legislature <input type="checkbox"/> UW Hospitals & Clinics <input type="checkbox"/> UW <input type="checkbox"/> WEDC <input type="checkbox"/> WHEDA <input type="checkbox"/> Wiscraft Beyond Vision	Date of Hire:	
	Hours Worked per Week:	
	Payroll Frequency:	
	First Payroll Date:	
	Participant Plan Effective Date:	

ANNUAL ELECTIONS

I am enrolling in an HSA through my employer. I authorize my employer to deduct my HSA contributions from my pay and forward them to my HSA. (Please complete the section below.)

Note: Your employer may also make a contribution to your HSA that will apply to your maximum contribution allowed. You are solely responsible for determining whether contributions to an HSA exceed the maximum annual contribution limitation. You are also responsible for notifying the custodian of any excess contribution and requesting a withdrawal of the excess contribution together with any net income attributable to the excess contribution.

Indicate an annual employee election OR a pay period election.

Employee Annual Contribution	OR	Per Pay Period Contribution
\$ _____		\$ _____
Indicate HDHP Coverage Level: <input type="checkbox"/> Self-Only <input type="checkbox"/> Family/Other	Are you enrolled in an HDHP through your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Your contributions will be withdrawn from your pay in each pay period. If your employer maintains a Cafeteria Plan that permits HSA contributions, your contributions will be made with pre-tax dollars. You may also make contributions outside of your employment. If you would like to make a contribution immediately, please complete an *HSA Contribution Form* and submit that form with your payment.

Please Note: An optional check box appears on Page 6 and a signature is required on Page 3 & 7.

For enrollment assistance or questions: call toll-free 1-844-786-3947



I elect to participate and agree to be bound by the terms of the Plan.

I understand that:

- Health Savings Account (HSA) program is a benefit established for eligible state employees enrolled in one of the It's Your Choice High Deductible Health Plans. The HSA program is authorized under Internal Revenue Code Sections §125, §105, and §223 and Wisconsin Statutes §40.85-§40.875.
- A new enrollment must be completed each plan year. If I do not complete enrollment during Open Enrollment, I forfeit the opportunity to participate in the Health Savings Account benefit option.
- The contribution(s) I have elected will be made with pre-tax salary reductions and that such reductions reduce my compensation for Social Security benefit purposes.
- According to Wisconsin Statutes §40.87, participation in a Health Savings Account will not reduce my wages for calculating state retirement benefits. Also, my contributions in a Health Savings Account will not reduce my gross income for the purpose of calculating any other state benefits such as sick leave conversion credits, income continuation insurance, life insurance, deferred compensation, unemployment, or worker's compensation.
- Salary contributed into one account cannot be transferred and used for expenses in any other account.
- Contributing in a Health Savings Account is completely voluntary, and that payments from my Health Savings Account are independently reviewed for compliance with IRS regulations.
- Generally, contributions to the HSA account are made on a month-to-month rule basis depending on what coverage I am enrolled in under the It's Your Choice High Deductible Health Plan on the first day of the month. For each month that I am enrolled in individual coverage a total of \$283.33 a month can be contributed. For each month that I am enrolled in family coverage a total of \$562.50 a month can be contributed. If I change enrollment in the It's Your Choice High Deductible Health Plan during the plan year, I can change my contributions based on the month-to-month rule. For example, I am enrolled in individual coverage for 6 months of the year and for the other 6 months I have family coverage. My total contributions are: $(6 \times \$283.33) + (6 \times \$562.50)$ or $\$1700 + \$3375 = \$5075.00$.
- There is a limited exception to the month-to-month rule described above. This exception allows me to make the maximum annual contribution for the plan year based on my enrollment in the It's Your Choice High Deductible Health Plan on December 1st. Using the same 6 month example above, assume I change from individual to family coverage during the second half of the year. Under the month-to-month rule, I am limited to a maximum contribution of \$5075.00. Since I was enrolled in family coverage on December 1st, I can use the limited exception and can contribute the full family contribution amount of \$6750.00. **IMPORTANT NOTE:** In order to use this limited exception, I have to stay enrolled in the It's Your Choice High Deductible Health Plan at the same or higher level of coverage for the entire next plan year, called the 'testing period'. If I do not maintain this coverage, for instance I terminate employment or switch to a Non-High Deductible Health Plan the next plan year, then the excess funds contributed will be subject to a 10% excise tax.
- My eligible expenses must qualify as a medical deduction under Internal Revenue Service Publication 502.

I certify that:

- I am covered by one of the qualified It's Your Choice High Deductible Health Plan (HDHP), and that I am not covered by any other health insurance coverage. I certify that I have received a copy of the Application and Custodial Agreement and Disclosure Statement and amendments thereto. I assume sole responsibility for all consequences found in the Application and Custodial Agreement and Disclosure Statement. I understand that I may revoke the HSA on or before seven (7) days after the date of establishment. I have not received any tax or legal advice from the custodian, and I will seek the advice of my own tax or legal professional to ensure my compliance with related laws. I release and agree to hold the HSA custodian harmless against any and all claims or losses arising from my actions.
- I agree to have my compensation reduced by the contribution amount(s) I elected.
- That the information I have provided is complete and accurate to the best of my knowledge.
- I have reviewed and understand the benefits program eligibility and enrollment information and I agree to abide by all participation requirements.



Health Savings Account (HSA)

- That all dependents listed meet the eligibility requirements of the program.
- I shall not claim a federal income tax deduction or credit for any expenses that were reimbursed through my Health Savings Account.
- I will inform my human resource benefit office as soon as reasonably possible when I am no longer eligible to contribute to the HSA Account, for instance if I obtain other non-permitted coverage such as coverage under my spouse's plan, and I understand any contributions made for any month in which I am not an eligible individual will be subject to an excise tax, and that my Employer will deduct any contributions it made for such an ineligible month from my account.
- That my use of the Card will comply with the terms and conditions of the cardholder agreement received with the card.
- That all expenses charged on the Card will qualify as reimbursable per IRS rules, will be incurred only for me or my eligible dependents, and will not be reimbursed through any other means, including my or my dependent's insurance Plans.
- I will keep all receipts and other documentation related to expenses charged on the Card. Upon request, within forty-five (45) days, I will fax, mail, or upload the required documentation of expenses to the Third Party Administrator.
- I understand additional Cards issued to my spouse or dependent(s) will provide the named individual with access to my Health Savings Account. I accept all responsibility for Card transactions incurred by the named individual and will submit supporting documentation, as requested, for those transactions.
- I acknowledge and agree that use of the Card in violation of this enrollment agreement or the Cardholder agreement may result in the invalidation and forfeiture of the Card.

Signature _____ **Date** _____



Privacy Policy

Page 1

By executing this form, you acknowledge receipt of the Privacy Policy. You agree to receive future notices of any updates to the Privacy Policy at www.healthcarebank.com, and to review the Privacy Policy no less frequently than annually. See Privacy Policy below.

FACTS	WHAT DOES HEALTHCARE BANK, A DIVISION OF BELL STATE BANK & TRUST, DO WITH YOUR PERSONAL INFORMATION?	Rev. Sept 2013
Why?	Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, shares, and protect your personal information. Please read this notice carefully to understand what we do.	
What?	<p>The types of personal information we collect and share depend on the product or service you have with us. This information can include:</p> <ul style="list-style-type: none"> -Social Security number and account balances -Payment history and transaction history -Account transactions and checking account information <p>When you are <i>no longer</i> our customer, we continue to share your information as described in this notice.</p>	
How?	All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons Healthcare Bank, a division of Bell State Bank & Trust, chooses to share; and whether you can limit this sharing.	

Reasons we can share your personal information	Does Healthcare Bank, a division of Bell State Bank & Trust, share?	Can you limit this sharing?
For our everyday business purposes – such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
For our marketing purposes – to offer our products and services to you	Yes	No
For joint marketing with other financial companies	No	We don't share
For our affiliates' everyday business purposes – information about your transactions and experiences	No	We don't share
For our affiliates' everyday business purposes – information about your creditworthiness	No	We don't share
For non-affiliates to market to you	No	We don't share

Questions?	Call toll free 1-866-442-2472 option 1 or go to www.healthcarebank.com
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Privacy Policy

Who we are	
Who is providing this notice?	Healthcare Bank, a division of Bell State Bank & Trust

What we do	
How does Healthcare Bank, a division of Bell State Bank & Trust, protect my personal information?	<p>To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.</p> <p>We also maintain other physical, electronic and procedural safeguards to protect this information and we limit access to information to those employees for whom access is appropriate.</p>
How does Healthcare Bank, a division of Bell State Bank & Trust, collect my personal information?	<p>We collect your personal information, for example, when you</p> <ul style="list-style-type: none"> -open an account or apply for a loan -make deposits or withdrawals from your account -use your credit or debit card -seek advice about your investments <p>We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.</p>
Why can't I limit all sharing?	<p>Federal law gives you the right to limit only:</p> <ul style="list-style-type: none"> -sharing for affiliates' everyday business purposes – information about your creditworthiness -affiliates from using your information to market to you -sharing for non-affiliates to market to you <p>State laws and individual companies may give you additional rights to limit sharing.</p>

Definitions	
Affiliates	<p>Companies related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> -Our affiliates include financial companies such as State Bankshares, Inc. and nonfinancial companies, such as Discovery Benefits, Inc.
Non-Affiliates	<p>Companies not related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> -Healthcare Bank, a division of Bell State Bank & Trust, does not share with non-affiliates so they can market to you.
Joint Marketing	<p>A formal agreement between nonaffiliated financial companies that together market financial products or services to you.</p> <ul style="list-style-type: none"> -Healthcare Bank, a division of Bell State Bank & Trust, doesn't jointly market.



Terms, Conditions, and Signature

Page 1

Important Information Regarding Patriot Act Requirements

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

Important Information about Electronic Payments

I authorize electronic debit and credit entries, if applicable, to my designated checking or savings account. I also authorize adjustments to these accounts for error corrections. This authorization will remain in effect until the termination of your HSA.

Important Information about your Account

The maximum balance allowed in my Cash Account is based on the designated threshold established by my TPA or me.

Important Information Regarding Death Beneficiary Information

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

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

Important Information Regarding My Account Summary

I understand that account summaries are made available electronically and may be viewed at any time by logging into my account at eflexgroup.com. The Healthcare Bank Privacy policy is available online at www.healthcarebank.com. For an additional fee, the HSA Administrator that I identify as my Designated Representative may send paper account summaries and paper copies of the Healthcare Bank Privacy Policy to my address by U.S. mail. I will check the box below if I also wish to receive paper account summaries and paper copies of the Healthcare Bank Privacy Policy by U.S. Mail.

I wish to receive paper account summaries and paper copies of the Healthcare Bank Privacy Policy by U.S. Mail. By electing this option I acknowledge that an additional fee may apply. The amount of the fee and frequency of the paper account summaries and paper copies of the Healthcare Bank Privacy Policy are set forth on the attached fee schedule. Paper account summaries are limited to current balances, contributions and distributions.

Important Information Regarding My HSA Investment Account

I understand that once I have accumulated the designated threshold in cash in my HSA as set forth by my TPA or myself in the Application, the balance of my account above the designated threshold will automatically be invested in an interest-bearing, FDIC-insured account. For purposes of this enrollment form, "Application" shall mean the 1Cloud by Evolution1® system available through a link provided by my TPA which provides me access to my HSA account information, Investment Account and is used to process my HSA transactions. I may also choose to change my allocation choices and select from the TPA's list of mutual funds for the investment of HSA assets in excess of the designated threshold. The HSA Investment Account is exclusively available online at eflexgroup.com. An email address must be included in enrollment or it will not be available. All investment transactions in the HSA Investment Account will be initiated and conducted electronically. All required disclosures of investment information and trade confirmations will be made electronically, and by opening an HSA Investment Account I consent to the electronic delivery/access of all documents of any issuer whose securities are made available to my HSA, including issuers and securities made available after the date my account is opened.

Important Information Regarding Substitute W-9 Certification

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



Terms, Conditions, and Signature

Important Information Regarding Fees

Any applicable fees shall be deducted from my account. Fees payable in connection with my HSA are set forth on the attached fee schedule.

Important Information Regarding Custodial and Investment Information

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

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

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

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

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

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

Signature of HSA Accountholder

Date

Handwritten signature of Michael S. Solberg

Authorized Signature of Healthcare Bank as Custodian



Custodial Agreement and Disclosure Statement

The Accountholder is establishing this Health Savings Account ("HSA") exclusively for the purpose of paying or reimbursing qualified medical expenses of the Accountholder, his or her spouse, and dependents. The Accountholder represents that, unless this account is used solely to make rollover contributions, he or she is eligible to contribute to this HSA; specifically, that he or she (i) is covered under a high deductible health plan (HDHP), (ii) is not also covered by any other health plan that is not an HDHP (with certain exceptions for plans providing preventive care and limited types of permitted insurance and permitted coverage), (iii) is not enrolled in Medicare, and (iv) cannot be claimed as a dependent on another person's tax return. Healthcare Bank, a division of Bell State Bank & Trust is the "Custodian" under this agreement and the Third Party Administrator ("TPA") is the "Designated Representative" and "HSA Administrator."

The Accountholder and the Custodian make the following agreement:

Article I.

The Custodian will accept cash contributions for the tax year made by the Accountholder or on behalf of the Accountholder (by an employer, family member or any other person). No contributions will be accepted by the Custodian for any Accountholder that exceeds the maximum amount for family coverage plus the catch-up contribution (for individuals who attain age fifty-five (55) before the close of the tax year).

Contributions for any tax year may be made at any time before the deadline for filing the Accountholder's federal income tax return for that year (without extensions).

Rollover or transfer contributions from an HSA, Individual Retirement Account, or an Archer Medical Savings account (Archer MSA) are permitted subject to applicable rules.

Article II.

Contributions to the Accountholder's HSA are subject to a maximum annual limit, based on whether the Accountholder has elected single or family coverage under the HDHP. For calendar year 2016, the maximum annual contribution limit for an Accountholder with single coverage is \$3,350. For calendar year 2016, the maximum annual contribution limit for an Accountholder with family coverage is \$6,750. These limits are subject to cost-of-living adjustments after 2016. Eligibility and contribution limits are determined on a month-to-month basis.

Contributions to Archer MSAs or other HSAs count toward the maximum annual contribution limit to this HSA.

An additional \$1,000 catch-up contribution may be made for an Accountholder who is at least age fifty-five (55) or older and not enrolled in Medicare.

Contributions in excess of the maximum annual contribution limit are subject to an excise tax. However, the catch-up contributions are not subject to an excise tax.

Article III.

It is the responsibility of the Accountholder to determine whether contributions to this HSA have exceeded the maximum annual contribution limit described in Article II. If contributions to this HSA or any combination of your HSAs exceed the maximum annual contribution limit, the Accountholder shall remove the excess contributions. It is the responsibility of the Accountholder to timely request the withdrawal of the excess contribution and any net income attributable to such excess contribution. Regardless of which year excess contributions were made, a withdrawal of excess contributions will be reported as having occurred in the tax year of such withdrawal.

Article IV.

The Accountholder's interest in the balance in this custodial account is nonforfeitable.

Article V.

No part of the custodial funds in this account may be invested in life insurance contracts or in collectibles as defined in Section 408(m) of the Internal Revenue Code (the "Code").

The assets of this account may not be commingled with other property, except in a common trust fund or common investment fund.

Neither the Accountholder nor the Custodian will engage in any prohibited transaction with respect to this account (such as borrowing or pledging the account or engaging in any other prohibited transaction as defined in the Code Section 4975).



Article VI.

Debit Card payments and distributions of funds from this HSA may be made upon the direction of the Accountholder.

Distributions from this HSA that are used exclusively to pay or reimburse qualified medical expenses of the Accountholder, his or her spouse, or dependents are tax free. However, distributions that are not used for qualified medical expenses are included in the Accountholder's gross income and are subject to an additional twenty percent (20%) tax on that amount. The additional twenty percent (20%) tax does not apply if the distribution is made after the Accountholder's death, disability, or reaching age sixty-five (65).

The Custodian is not required to determine whether the distribution is for the payment or reimbursement of qualified medical expenses. Only the Accountholder is responsible for substantiating that the distribution is for qualified medical expenses and must maintain records sufficient to show, if required, that the distribution is tax free.

Article VII.

If the Accountholder dies before the entire interest in the account is distributed, the entire account will be disposed of as follows:

1. If the beneficiary is the Accountholder's spouse, the HSA shall become the spouse's HSA as of the date of death.
2. If the beneficiary is not the Accountholder's spouse, the HSA shall cease to be an HSA as of the date of death. The fair market value of the account is taxable to the non-spouse primary beneficiary in the tax year that includes such date.
3. If the beneficiary is the Accountholder's estate or if there is no beneficiary, the fair market value of the account as of the date of death is taxable on the Accountholder's final personal income tax return.

Article VIII.

The Accountholder agrees to provide the Custodian with information necessary for the Custodian to prepare any reports or returns required by the IRS.

The Custodian agrees to prepare and submit any reports or returns as prescribed by the IRS.

Article IX.

Notwithstanding any other article that may be added or incorporated in this agreement, the provisions of Articles I through VIII and this sentence are controlling. Any additional article in this agreement that is inconsistent with the Code Section 223 will be void.

Article X.

This agreement will be amended from time to time to comply with the provisions of the Code or IRS published guidance. Other amendments may be made with the consent of the Accountholder. Your HSA is established with the Custodian on the date it is set up with the Custodian. If the initial account is established after the first of the month, the HSA is established the first of the following month. The Custodian makes no representation whether expenses incurred after the establishment date of an unfunded HSA may be reimbursed from contributions that are made on a later date.

Article XI

11.01 Definitions. In this part of the agreement, the words "you" and "your" shall mean Accountholder. The Accountholder is the person who establishes the custodian account. The words "we," "us" and "our" shall refer to the TPA and the Custodian.

11.02 Delegation of Responsibility. The Custodian has delegated responsibility for certain recordkeeping and administration to the TPA. The TPA shall receive and forward contributions to your HSA, and make distributions from your HSA. All of your questions, comments, and instructions should be directed to the TPA through its website or by other means made available to you through the TPA. You have appointed the TPA your Designated Representative to serve as HSA Administrator in the separate agreement titled "Designation of Representative by Accountholder."

When you provide instructions to the TPA regarding your HSA, the TPA will pass those instructions on to the Custodian, through the Application.

11.03 Notices and Change of Address. Any required notice regarding this HSA will be considered effective when sent to the intended recipient via e-mail or, at our discretion, via U.S. Mail to the last electronic or other mailing address maintained for you by the TPA in its records. Any notice to be given to the TPA or the Custodian will be considered effective when actually received. You or the intended recipient must notify the TPA if you change your e-mail address or other mailing address. In the event of your death, your spouse or account beneficiary must notify the TPA of any corresponding change in e-mail or other mailing address. Any notice you provide to the TPA or the Custodian will be considered effective when actually received.



11.04 Representations and Responsibilities. You represent and warrant that any information you provide us regarding your HSA with respect to this agreement is complete and accurate. Further, you agree that any directions you give the TPA or action you take will be proper under this agreement, and that we are entitled to rely upon any such information or directions. If we fail to receive directions from you regarding any transaction, or if we receive ambiguous directions regarding any transaction, or we in good faith believe that any transaction requested is in dispute, we reserve the right to take no action until further clarification acceptable to us is received from you or the appropriate government or judicial authority. We shall not be responsible in the event of any failure or interruption of services resulting from the act or omission of any third party service provider used to give such direction, and shall not be responsible for any losses. We shall not be responsible for losses of any kind that may result from your directions to us or your actions or failures to act, and you agree to reimburse us for any loss we may incur as a result of such directions, actions or failures to act. We shall not be responsible for any penalties, taxes, judgments or expenses you incur in connection with your HSA. We have no duty to determine whether your contributions or distributions comply with the Code, Treasury Regulations, IRS Rulings or this agreement. We have the right to require you to provide, on a form provided by or acceptable to us, proof or certification that you are eligible to contribute to this HSA, including, but not limited to, proof or certification that you are covered by a HDHP. In no event shall we be responsible to determine if contributions made by your employer to your HSA meet the requirements for comparable contributions, the rules of which are set forth in the Code and IRS published guidance.

You acknowledge that establishment of your HSA is completely voluntary on your part and that, to the best of your knowledge, your employer does not (i) limit your ability to move funds to another HSA beyond restrictions imposed by the Code; (ii) impose conditions on utilization of HSA funds beyond those permitted under the Code; (iii) make or influence the investment decisions with respect to funds contributed to an HSA; (iv) represent that the HSA is an employee welfare benefit plan established or maintained by the employer; or (v) receive any payment or compensation in connection with the HSA.

We may permit you to appoint, through written notice acceptable to us, an authorized agent (in addition to your Designated Representative) to act on your behalf with respect to this agreement (e.g., attorney-in fact, executor, administrator, investment manager); however, we have no duty to determine the validity of such appointment or any instrument appointing such authorized agent. We shall not be responsible for losses of any kind that may result from directions, actions or failures to act by your authorized agent, and you agree to reimburse us for any loss we may incur as a result of such directions, actions or failures to act by your authorized agent. You will have thirty (30) days after you receive any documents, account information or other information from us to notify us in writing of any errors or inaccuracies reflected in these documents, account information or other information. If you do not notify us within thirty (30) days, the documents, account information or other information shall be deemed correct and accurate, and we shall have no further liability or obligation for such documents, account information, other information or the transactions described therein.

By performing services under this agreement, we are acting as your agent. You acknowledge and agree that we are not providing services to you or your HSA as a fiduciary under the Employee Retirement Income Security Act of 1974 ("ERISA") Section 3(21), under any comparable and applicable provisions of state or local law, or under the Investment Advisor's Act of 1940, and nothing in this agreement shall be construed as conferring fiduciary status upon us. We shall not be required to perform any additional services unless specifically agreed to under the terms and conditions of this agreement, or as required under the Code and the applicable guidance with respect to HSAs. You agree to indemnify and hold us harmless for any and all claims, actions, proceedings, damages, judgments, liabilities, costs and expenses, including attorneys' fees, arising from or in connection with this agreement. To the extent written instructions or notices are required under this Agreement, we may accept or provide such information in any other forms permitted by law, including through electronic mediums.

11.05 Service Fees. The Custodian reserves the right to charge a periodic service fee or other designated fees (e.g., a transfer, rollover, investment management, or termination fee) for maintaining your HSA. In addition, the Custodian has the right to be reimbursed for all reasonable expenses, including legal expenses, it incurs in connection with the administration of your HSA. The Custodian has the right to charge a \$75.00 per hour fee when it is required to pull documentation on your behalf. The Custodian may charge you separately for any fees or expenses, or may deduct the amount of the fees or expenses from the assets in your HSA at its discretion. The Custodian reserves the right to charge any additional fee upon thirty (30) days' notice to you that the fee will be effective.

The TPA may charge a separate fee for administration and other services related to your HSA. You authorize the TPA to charge you separately for those fees, or to deduct the amount of the fees or expenses from the assets in your HSA. Your employer may also agree to pay these fees on your behalf. The amount of fees payable may be set forth in a separate fee schedule which may be part of your application.

To the extent that you direct investment of your HSA in mutual funds pursuant to Section 11.07, balances invested in those mutual funds are subject to investment fees and other charges and expenses as described by the applicable prospectuses. Any brokerage commissions attributable to the assets in your HSA will be charged to your HSA. You cannot reimburse your HSA for those commissions.



11.06 Definitions and How your HSA Operates.

1. "Application" shall mean the 1Cloud by Evolution1® system available through a link provided by your TPA which provides you access to your HSA account information, Investment Account and is used to process your HSA transactions.
2. "BIN Sponsor" shall mean the entity which initiates Debit Card settlement from the Distribution Account.
3. "Cash Account" shall mean an account, or accounts held for the benefit of the Accountholder into which HSA dollars are swept from the Contribution Account and held until swept into the Investment Account or Distribution Account. The Cash Account balance is utilized for authorizing distribution requests and purchases with a debit card.

Your HSA funds in the Cash Account will be separately accounted for, credited to your HSA balance, and insured by the Federal Deposit Insurance Corporation ("FDIC") up to \$250,000, or the maximum limit allowable by law pursuant to FDIC insurance coverage rules. If you currently have deposit accounts held at the Custodian, FDIC insurance will cover the total of your accounts up to \$250,000. For information about FDIC insurance coverage, see the "Your Insured Deposits" information at FDIC's website: <http://www.fdic.gov/deposit/deposits/insured/>. Funds invested in the Cash Account are used by the Custodian in its general banking business, which may generate income to the Custodian; such income is considered part of the fees for the Custodian's services.

1. "Cash Account Minimum Threshold" shall mean the amount in the Cash Account that triggers money movement from the Investment Account to the Cash Account.
2. "Cash Account to Investment Account Trigger" shall mean when the Cash Account balance exceeds the Investment Transfer Threshold by an amount equal to or more than the Minimum Auto-Sweep Amount, HSA dollars are auto-swept from the Cash Account to the Investment Account.
3. "Contribution Account" shall mean an account, or accounts, into which the Accountholder and employer contributions are deposited by the TPA, and from which HSA dollars are swept into the Cash Account.
4. "Debit Card" shall mean the card issued to the Accountholders to access funds in the Accountholder's HSA
5. "Default Portfolio" shall mean the standard offering of mutual funds, as chosen by the Custodian or as agreed upon by the Custodian and the TPA.
6. "Distribution Account" shall mean an account, or accounts, from which distributions, rollovers and transfers are made to the Accountholder, and into which HSA dollars are swept from the Cash Account.
7. "Investment Account" shall mean an account, or accounts, into which HSA dollars are swept from the Cash Account. Dollars swept into the Investment Account are initially invested in a FDIC-insured interest-bearing account on behalf of the Accountholder. The Accountholder has the ability to invest these dollars into a variety of investment funds.
8. "Investment Account to Cash Account Trigger" shall mean when the Cash Account balance falls below the Investment Transfer Threshold by an amount equal to or more than the Minimum Auto-Sweep Amount, investments are sold to bring the Cash Account back to the Investment Transfer Threshold. If it is necessary to liquidate one or more of your investments, the Custodian will follow the procedure in Section 11.17.
9. "Investment Transfer Threshold" shall mean the amount in the Cash Account that triggers money movement from the Cash Account to the Investment Account.
10. "Minimum Auto-Sweep Amount" shall mean minimum amount of money required to move HSA dollars between the Cash Account and the Investment Account once the applicable thresholds are met.

How your HSA Operates. The TPA will receive contributions (including rollovers, transfers, and mistaken distributions) from you and/or your employer and transfer them to the Contribution Account. Based on your account balances and instructions, the Custodian will move monies between accounts based on threshold and trigger amounts, as described below. The TPA will issue distributions (including rollovers, transfers, and mistaken contributions) to you from the Distribution Account or to the BIN Sponsor for Debit Card settlement.

The Custodian will transfer contributions from the Contribution Account into the Cash Account on a daily basis.



When your Cash Account balance meets or exceeds the Cash Account to Investment Account Trigger amount, the Custodian will transfer funds from the Cash Account to the Investment Account in an amount equal to or more than the Minimum Auto-Sweep Amount, and place these funds in an interest-bearing account and/or in such investment fund(s) as you elect.

When you request a distribution from your HSA that is less than the balance in your Cash Account, the Custodian will transfer the distribution amount from the Cash Account to the Distribution Account.

When you request a distribution from your HSA that is more than the balance in your the Cash Account, the Custodian will transfer sufficient funds from the Investment Account to the Cash Account to cover the amount of the distribution, and transfer the distribution amount to the Distribution Account.

If, for any reason, your Cash Account balance drops below the Investment Account to Cash Account Trigger amount, the Custodian will transfer such funds in an amount equal to or more than the Minimum Auto-Sweep Amount from the Investment Account to the Cash Account as needed to bring the Cash Account balance to the Investment Transfer Threshold. If it is necessary to liquidate one or more of your investments, the Custodian will follow the procedure in Section 11.17.

You have authorized electronic debit and credit entries, if applicable, to your designated checking or savings account. You have also authorized adjustments to these accounts for error corrections. This authorization will remain in effect until the termination of this agreement.

11.07 HSA Investment Options. HSA investment options include shares or participations of one or more investment companies as defined in the Investment Company Act of 1940, as amended (such funds are often referred to as “mutual funds”). Mutual funds made available as HSA investment options may include funds for which the Custodian serves as investment advisor, custodian, and/or distributor, and receives compensation for such services, as disclosed in the current prospectus for such mutual fund. The Custodian may also provide administrative, shareholder, or sub-transfer agency services, for other mutual funds that are available as HSA investment options, and the Custodian may receive compensation from third parties for those services, as disclosed in the current prospectus for such mutual fund or as disclosed by us from time to time. All dividends, including capital gain distributions, paid on mutual fund shares shall be reinvested in full and fractional shares of the mutual fund paying the distribution in the manner specified in the prospectus of the mutual fund. It will be your responsibility to exercise all conversion, subscription, voting and other rights pertaining to any securities held in your HSA, if applicable. You may invest in other investment vehicles (for example, stocks, bonds, savings accounts or other investment vehicles) only if the Custodian makes such investments available as investment options. Unless you make changes, your investment allocations will remain in effect and be applied to both current and future contributions to your account.

You have exclusive responsibility for and control over the investment of the assets in your Investment Account. All transactions shall be subject to any and all restrictions or limitations, direct or indirect, which are imposed by our charter, articles of incorporation, or bylaws; any and all applicable federal and state laws and regulations; the rules, regulations, customs and usages of any exchange, market or clearing house where the transaction is executed; our policies and practices; and this agreement. Neither the Custodian nor the TPA shall have discretion to direct any investment in your HSA. Neither the Custodian nor the TPA assumes any responsibility for rendering investment advice with respect to your HSA, nor will the Custodian or the TPA offer any opinion or judgment to you on matters concerning the value or suitability of any investment or proposed investment for your HSA. In the absence of instructions from you (as delivered to the Custodian through the Application), or if your instructions are not otherwise in a form acceptable to us, the Custodian shall have the right to hold these amounts in the interest-bearing account, and shall have no responsibility to invest these amounts in anything other than the interest-bearing account unless and until directed by you. Neither the Custodian nor the TPA will exercise the voting rights and other shareholder rights with respect to investments in your HSA. You will select the type of investment for your HSA assets, provided, however, that your selection of investments shall be limited to those types of investments that the Custodian is authorized by its charter, articles of incorporation or bylaws to make available and does in fact make available for investment in HSAs. The Custodian may, in its sole discretion, make available to you, additional investment offerings, which shall be limited to publicly traded securities, mutual funds, money market instruments and other investments that are obtainable by the Custodian and that it is capable of holding in the ordinary course of its business.

Mutual funds that are made available as HSA investment options may change from time to time. We will provide you with reasonable advance notice of such changes and give you the opportunity to change your investment allocations accordingly. If a mutual fund is eliminated as an HSA investment option and you do not instruct us to redirect your current investment balance, you hereby authorize and direct us to liquidate your HSA funds invested in the eliminated mutual fund and transfer those funds to an interest-bearing FDIC-insured account. If you have also not redirected your investment allocation as it relates to future contributions, future contributions that would have been allocated to the eliminated mutual fund will instead be invested in an interest-bearing FDIC-insured account. You may direct the Custodian to redeem any or all mutual fund shares held in your HSA and to invest the proceeds in any other available mutual funds, subject, however, to the applicable terms and conditions of the prospectus for each mutual fund involved.



You understand and acknowledge that some mutual funds (their managers, servicing agents, advisors, distributors or other affiliates) that may be held in the HSA may pay, directly or indirectly, as administrative expenses of the mutual fund, pursuant to a written plan described in Securities and Exchange Commission Rule 12b-1, or in another manner, fees or other compensation to the Custodian or its affiliates in recognition of shareholder services and recordkeeping services provided ("12b-1 fees"). The Custodian will allocate 12b-1 fees to your HSA based on your holdings in each mutual fund. The Accountholder acknowledges 12b-1 fees or other compensation are described in the prospectus or other disclosure materials made available to the Accountholder, and that administrative and management fees hereunder would otherwise be higher if 12b-1 fees were not payable to the Custodian or its affiliates. The 12b-1 fees are remitted by the mutual fund companies on a random basis during the year. The 12b-1 fees received during each calendar quarter will be allocated to your HSA by the end of each quarter as additional earnings.

The Accountholder agrees that the Custodian will on a quarterly basis deduct a management fee from your HSA equal to one-quarter of one-quarter of one percent (.0625%) per quarter or equal to an annual fee of one-quarter of one percent (.25%) on balances invested in mutual funds in your Investment Account. All or a portion of the management fees will be offset by the amount of 12b-1 fees received.

Different fees and rebate structures may apply to Accountholders with investment alternatives other than the Default Portfolio.

Some mutual funds may charge a redemption fee. Redemption fees, if any, will be charged to your Investment Account. You cannot reimburse your HSA for redemption fees. For further information on redemption fees, please see the mutual fund prospectus.

You understand that the value of your HSA and the growth in value of the HSA are dependent solely on the performance of the investment options you select. You acknowledge that investment options available under this HSA such as mutual funds and other securities (but not the Cash Account) are not insured by FDIC or other agency, are not guaranteed by the Custodian or any affiliate of the Custodian, TPA, or your employer, and may lose value. You also acknowledge that past investment performance is not a guarantee of future investment results with respect to an investment option and that you will review investment information about the investment options before investing. You should seek the assistance of a financial professional to address any questions or concerns you may have about your investment options and the selection of investments for your HSA.

11.08 Investment Account. The Investment Account is only available online through the Application. Accordingly, all investment transactions in the Investment Account must be initiated and conducted through the Application. Your investment in the HSA investment options may constitute the purchase of securities. As a holder of securities, you may be entitled to receive certain documents, including but not limited to prospectuses and proxies. Any securities-related documents required to be transmitted to you as a result of your investment in the HSA investment options will be transmitted to you electronically through the Application. As a condition to opening an Investment Account, you will be required to consent to the electronic delivery of all documents of any issuer whose securities are made available to your HSA, including issuers and securities made available after the date your account is opened. If you become unable to access the Application, or if you revoke your consent to electronic disclosure of investment information, you must contact your TPA immediately. At that time you will be given the option to terminate your account (and, if you choose, roll it over to another provider), or to liquidate your investment in the investment options and hold your HSA entirely in the Cash Account.

11.09 Account Information. Records of your HSA contributions, distributions, investment activity, earnings and balances will be made available exclusively through the Application. Before being granted online access to your HSA records, it will be necessary to enter a personal identification number ("PIN"), user ID and/or enhanced online security feature that you will receive prior to logging into the Application.

By executing this HSA Custodial Agreement and Disclosure Statement, you agree that all account information from the Custodian shall be made available exclusively in electronic form. Account information may be viewed at any time by logging into the Application. Any notices related to your HSA will be posted on the Application, or at our discretion, provided either by e-mail to the e-mail address we have on file for you, or by U.S. Mail to your mailing address we have on file for you. For an additional fee, if applicable, the TPA will send paper account information to your address by U.S. mail. You are responsible to advise the TPA in writing of any change to either your e-mail or mailing address.

Account information, notices and communications will be accessible in a form you can view, save to your computer or print as paper copies. A link will be provided to any software necessary to view, print, and/or save your HSA account information.



The Application will have information about your account balance, contributions, distributions, and recent amendments to your Custodial Agreement and Disclosure Statement and Designation of Representative by Accountholder readily available for review. The Application will provide a link or links to other websites for you to obtain specific information about your investments, including prospectuses. It may be necessary for you to establish a separate PIN, user ID and/or enhanced online security feature for this purpose and complete additional forms.

You agree to check the Application no less frequently than monthly to view your HSA account activity and other communications and information. You are responsible for keeping your HSA, PIN user ID and/or enhanced online security feature confidential, and we are not responsible for any other person's use of your PIN, user ID and/or enhanced online security feature.

11.10 Earnings on HSA Funds. In connection with the investment, contribution and distribution of funds in the ordinary course of our duties, we are authorized to deposit cash in checking or other disbursement accounts in our name or in the name of an affiliate. Until such time that a check is presented for payment, the TPA (or an affiliate) will receive an earnings credit that is calculated using a tiered rate which is based on the 91-day Treasury Bill index (after a ten percent (10%) reserve requirement). Any such earnings credit received by the TPA on HSA funds held in the contribution or distribution accounts, and any revenue earned by the Custodian from the use of funds deposited in the Cash Account, shall be part of our compensation for servicing this HSA, and you acknowledge and understand that fees otherwise charged by us for services under this agreement would be higher if we did not earn interest on HSA funds we deposit in accounts to accommodate HSA contributions or distributions or did not earn revenues from HSA funds deposited in the Cash Account. If a check drawn on the Distribution Account is not presented for payment within a maximum of one hundred eighty (180) days of the date it was written, the check shall be deemed invalid and the funds will be transferred from the Distribution Account back to your Cash Account as soon as reasonably practicable. After the maximum number of days has passed, you may contact the TPA to request a replacement check.

11.11 Custodian Powers. The Custodian may register securities in its name or in the name of its nominee without disclosing that such securities are held as custodian or as nominee. Except as expressly provided otherwise in this agreement, the Custodian shall have all of the powers generally conferred on custodians under the laws of the State of North Dakota. Additionally, the Custodian shall also have the power to perform any and all acts that it deems necessary or appropriate for the proper custodial servicing of your HSA. The Custodian may adjust the balance of your HSA as necessary to correct administrative errors, including improperly allocated contributions, distributions, earnings or losses. In the event a check or other instrument is returned for insufficient funds, any corresponding contributions to your HSA are also subject to adjustment by the Custodian.

11.12 Beneficiary(ies). If you die before you receive all of the funds from this HSA, payments from your HSA will be made to your death beneficiary(ies). You may designate one (1) or more persons or entities as death beneficiary of your HSA. This designation can only be made through the Application or on a form provided by or acceptable to us, and it will only be effective when it is filed with the TPA during your lifetime. Unless otherwise specified, each death beneficiary designation you file with the TPA will cancel all previous ones. The consent of a death beneficiary(ies) shall not be required for you to revoke a death beneficiary designation. If you have designated both primary and contingent death beneficiaries and no primary death beneficiary(ies) survives you, the contingent death beneficiary(ies) shall acquire the designated share of your HSA. If you do not designate a death beneficiary, or if all of your primary and contingent death beneficiary(ies) predecease you, your estate will be the death beneficiary.

You understand that if you designate your spouse as primary death beneficiary or contingent death beneficiary of this HSA, the dissolution, termination, annulment or other legal termination of your marriage will automatically revoke all beneficiary designations, both primary and contingent. After such revocation and until such time as a new beneficiary designation is completed, the HSA shall be treated as if there is no beneficiary designated.

Based on the above, if your spouse acquires the interest in this HSA by reason of being the death beneficiary at your death, this HSA shall be treated as if the surviving spouse were the Accountholder. If the death beneficiary is not your spouse, the HSA (or in accordance with rules established by the IRS the relevant portion thereof) will cease to be an HSA as of the date of death. Upon learning of the Accountholder's death, we may, in our complete and sole discretion, make a final distribution to a death beneficiary (other than the Accountholder's spouse) of his or her interest in the HSA. This distribution may be made without the death beneficiary's consent and may be placed in an interest-bearing (or similar) account that we choose.

11.13 Termination of Agreement, Resignation, or Removal of the Custodian. You may terminate this agreement at any time by giving written notice to the TPA. If this agreement is terminated by you, the Custodian may charge to your HSA an amount of money necessary to cover any associated costs pertaining to terminating this agreement.



The Custodian may resign at any time effective thirty (30) days after it mails written notice of its resignation to you. Upon receipt of that notice, you must make arrangements to transfer your HSA to another financial organization. If you do not complete a transfer of your HSA within thirty (30) days from the date the Custodian mails the notice to you, the Custodian has the right to transfer your HSA assets to a qualified successor HSA custodian or trustee that it chooses in its sole discretion, or it may pay your HSA to you in a single sum. The Custodian shall not be liable for any actions or failures to act on the part of any successor custodian or trustee, nor for any tax consequences you may incur that result from the transfer or distribution of your assets pursuant to this section.

11.14 Successor Trustee or Custodian. If the Custodian changes its name, reorganizes, merges with another organization (or comes under the control of any federal or state agency), or if the entire organization (or any portion which includes your HSA) is bought by another organization, that organization (or agency) shall automatically become the trustee or custodian of your HSA, but only if it is the type of organization authorized to serve as an HSA trustee or custodian. If the organization is not the type of organization authorized by law to serve as an HSA trustee or custodian, then you must make arrangements to transfer your HSA to another financial organization. If you do not complete a transfer of your HSA within thirty (30) days from the date the Custodian mails the notice to you, the Custodian has the right to transfer your HSA assets to a successor HSA custodian or trustee that it chooses in its sole discretion, or it may pay your HSA to you in a single sum.

11.15 Amendments. The Custodian has the right to amend this agreement at any time. Any amendment the Custodian makes to comply with federal or state law does not require your consent. You will be deemed to have consented to any other amendment unless, within thirty (30) days from the date of notice of the amendment, you notify the TPA in writing that you do not consent.

11.16 Distributions. All requests for distributions or direct transfer to another HSA shall be made via electronic transfer, debit card, or on a form made available through the Application or the TPA and acceptable to the Custodian. No distributions of in-kind transfers shall be permitted, except at the Custodian's discretion. The Social Security Number or tax identification number of the recipient must be provided to the Custodian before it is obligated to make a distribution. Distributions shall be subject to all applicable tax and other laws and regulations, including possible early distribution penalties or surrender charges and withholding requirements.

You agree not to withdraw or attempt to withdraw amounts in excess of the balance of the HSA. In the event that an overdraft occurs, you will immediately contribute an amount to the HSA equal to the amount of the overdraft and any outstanding fees assessed against the HSA, including any overdraft fees. Such contributions made by you to the HSA shall be applied, first, to any outstanding fees (including overdraft fees) payable to the Custodian and/or the TPA, and second, to the negative balance of the HSA. Until you contribute the necessary funds to have the account become positive, all account activity shall be suspended. If after ninety (90) days you have not contributed the above required amounts, then you agree to be subject to any and all collection actions needed to recover such amounts and the account shall be closed.

The Custodian may allow the return of mistaken distributions provided there is clear and convincing evidence that the amount(s) distributed from the HSA was because of a mistake of fact due to reasonable cause. In determining whether this standard has been met, the Custodian shall have the ability to rely on your representation that the distribution was, in fact, a mistake. The Custodian may not permit return of mistaken distributions that relate to a calendar year after December 31st of that year.

In no event shall we restrict or limit HSA distributions to the payment or reimbursement of your qualified medical expenses. However, we may, on a case-by-case basis or as a matter of policy, place reasonable restrictions on both the frequency and the minimum amount of distributions from the HSA.

11.17 Liquidation of Assets. The Custodian has the right to liquidate assets in your HSA if necessary to make distributions or to pay fees, expenses, taxes, penalties or surrender charges properly chargeable against your HSA. The Custodian will liquidate your investments in the same proportion as your investment holdings, and you agree not to hold us liable for any adverse consequences that may result from our decision to liquidate investments in this order. You understand that you might not receive the total amount of your requested distribution due to market fluctuations during the time period for processing your distribution request.

11.18 What Law Applies. This agreement is subject to all applicable federal and state laws and regulations. If it is necessary to apply any state law to interpret and administer this agreement, the laws of the State of North Dakota shall govern. If any part of this agreement is held to be illegal or invalid, the remaining parts shall not be affected. Neither you nor our failure to enforce at any time or for any period of time any of the provisions of this agreement shall be construed as a waiver of such provisions, or your right or our right thereafter to enforce each and every such provision.



11.19 Disclaimers. The HSA established by this agreement is intended not to constitute an “employee welfare benefit plan” or an “employee pension benefit plan” as defined by ERISA. Regardless of the status of the HSA under ERISA, we are not an “employer” or “plan sponsor” of the HSA or of any arrangement or plan of which the HSA is a part. We expressly disclaim responsibility for ERISA’s participation, vesting, funding, reporting, disclosure, and fiduciary requirements as they may apply to your HSA, including but not limited to any requirement to provide notices or election forms regarding continuation coverage under ERISA. If and to the extent that the HSA is deemed to be part of an arrangement or plan subject to ERISA, including any determination that the HSA is subject to ERISA’s continuation coverage requirements, this agreement may be amended or terminated at our sole discretion as of the effective date of such determination or on such later date, as we deem appropriate.

We will maintain all confidential information in accordance with all applicable banking laws and regulations. The HSA established by this agreement, however, is not intended to be a “health plan” as defined by final regulations interpreting the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”). Regardless of the status of the HSA under HIPAA Privacy Rules, we are not a “plan administrator” or “plan sponsor.” We expressly disclaim responsibility for the duties imposed upon “covered entities” under HIPAA Privacy Rules, except as may be agreed upon pursuant to a business associate agreement between us and a covered entity or any third party subject to the HIPAA Privacy Rules. If and to the extent that we are determined to be responsible for HIPAA compliance beyond the duties assumed pursuant to a business associate agreement, this agreement may be amended or terminated at our sole discretion as of the effective date of such determination or such later date, as we deem appropriate.

HSAs are personal health savings vehicles rather than group employee benefits. Although with respect to this HSA, your employer may have agreed to forward contributions through its payroll system to the Custodian, either directly or through the TPA, you are not restricted from moving funds to another HSA custodian or trustee (but your employer is not required to forward payroll contributions to another HSA provider).

Some states and localities may have tax laws that are different from the federal laws for HSAs. You should consult with your tax or legal advisor with questions about state and local laws that may affect your HSA.

11.20 Disclosure Statement.

1. Requirements of an HSA.

- a. **Cash Contributions.** Regular or annual HSA contributions must be in cash, which may include a check, money order, ACH or wire transfer. It is within the Custodian’s discretion to accept in-kind contributions for rollovers or transfers.
- b. **Maximum Contribution.** Except as provided in paragraph d. below, the total amount that may be contributed to your HSA for any taxable year is the sum of the limits determined separately for each month. The determination for each month is based on whether, as of the first (1st) day of such month, you are eligible to contribute and whether you have individual or family coverage under a HDHP. The maximum monthly contribution is adjusted each year for cost-of-living increases. In addition, if you have attained age fifty-five (55) before the close of the taxable year, and are not enrolled in Medicare, the contribution limit is increased on a monthly basis by an additional amount not to exceed \$1,000. The annual limit is decreased by aggregate contributions to another HSA or to an Archer MSA.
- c. **Contribution Eligibility.** You are an eligible individual for any month if you (i) are covered under an HDHP on the first day of such month; (ii) are not also covered by any other health plan that is not an HDHP and that provides coverage for any benefit covered under the HDHP (with limited exceptions such as a Limited Purpose Health Flexible Spending Account); (iii) are not enrolled in Medicare; and (iv) are not claimed as a dependent on another person’s tax return.

In general, an HDHP is a health plan that satisfies certain requirements with respect to deductibles and out-of-pocket expenses, as adjusted for inflation. For calendar year 2016, for self-only coverage, an HDHP has an annual deductible of at least \$1,300 and the sum of the annual out-of-pocket expenses required to be paid (deductibles, co-payments and amounts other than premiums) cannot exceed \$6,550. For calendar year 2016, for family coverage, an HDHP has an annual deductible of at least \$2,600 and the sum of the annual out-of-pocket expenses cannot exceed \$13,100. All of these dollar amounts are adjusted for cost-of-living increases annually.

- d. **HSAs Established Mid-Year.** If you are an eligible individual during the last month of the taxable year, you will be treated as (i) as having been an eligible individual during each of the months in such taxable year, and (ii) as having been enrolled, during each of the months you are treated as an eligible individual solely by reason of item (i) above, in the same high deductible health plan in which you are enrolled for the last month of such taxable year.



Under these circumstances, and subject to the requirement that you remain an eligible individual during the testing period, you may contribute the maximum amount to your HSA as though you were an eligible individual throughout the entire taxable year. The “testing period” means the period beginning with the last month of the taxable year referred to above, and ending on the last day of the twelfth (12th) month following such month.

If at any time during the testing period you cease to be an eligible individual, then your gross income in the taxable year in which you cease to be an eligible individual will be increased by the amount of all contributions to your HSA which could not have been made but for the rule above in this paragraph d., and you may be required to pay a penalty tax equal to twenty percent (20%) of the amount of such increase. These amounts will not be included in gross income or subject to the twenty percent (20%) penalty tax if you cease to be an eligible individual because of death or because you become disabled (within the meaning of Section 72(m) of the Code).

- e. **Nonforfeitable.** Your interest in your HSA is nonforfeitable.
- f. **Eligible Custodians.** The custodian of your HSA must be a bank, savings and loan association, credit union, or a person approved by the IRS.
- g. **Commingling Assets.** The assets of your HSA cannot be commingled with other property, except in a common trust fund or common investment fund.
- h. **Life Insurance.** No portion of your HSA may be invested in life insurance contracts.

2. **Income Tax Consequences of Establishing an HSA.**

- a. **Tax Treatment of HSA Contributions.** If you are eligible to contribute to an HSA for any month during the taxable year, amounts contributed to your HSA are deductible in determining adjusted gross income up to the maximum contribution limits discussed above. The deduction is allowed regardless of whether you itemize deductions. Employer contributions to your HSA are excludable from your gross income and you cannot deduct such amounts on your tax return as HSA contributions.
- b. **Tax-Deferred Earnings.** The investment earnings of your HSA are not subject to federal income tax until distributions are made (or, in certain instances, when distributions are deemed to be made).
- c. **Taxation of Distributions.** The taxation of HSA distributions depends on whether the distribution is for a qualified medical expense. Generally, distributions paid due to qualified medical expenses are excluded from your gross income. Qualified medical expenses are amounts you pay for medical care (as defined in the Code Section 213(d)) for yourself, your spouse and your dependents (as defined in the Code Section 152), but only to the extent that such amounts are not covered by insurance or otherwise. Distributions made for purposes other than qualified medical expenses are included in your gross income and are subject to an additional twenty percent (20%) tax on the includable amount.
- d. **Rollovers and Transfers.** Your HSA may be rolled over to another HSA of yours, or may receive rollover contributions, provided that all of the applicable rollover rules are followed. Rollover is a term used to describe a tax free movement of cash or other property between any of your HSAs or other tax favored accounts. The rollover rules are generally summarized below. These transactions are often complex. If you have any questions regarding a rollover, please see your tax advisor.

Funds distributed from your HSA may be rolled over to another HSA that you own if the requirements of the Code Section 223(f)(5) are met. A proper HSA to HSA rollover is completed if all or part of the distribution is rolled over not later than sixty (60) days after the distribution is received. You may not have completed another HSA to HSA rollover from the distributing HSA during the twelve (12) months preceding the date you received the distribution. Further, you may roll over the same dollars or assets only once every twelve (12) months. Finally, current IRS-published guidance indicates that you may make only one rollover contribution to an HSA during a one (1) year period.

Funds distributed from your Archer MSA may be rolled over to your HSA. A proper MSA to HSA rollover is completed if all or part of the distribution is rolled over not later than sixty (60) days after the distribution is received. Rollovers from an IRA to an HSA are also permitted subject to the requirements and limitation under the Tax Relief and Health Care Act of 2006 and IRS guidance issued thereunder.

At the time you make a proper rollover to an HSA, you must designate to the Custodian, in writing, your election to treat that contribution as a rollover. Once made, the rollover election is irrevocable.

- e. **Carryback Contributions.** A contribution is deemed to have been made on the last day of the preceding taxable year if you make a contribution by the deadline for filing your income tax return (not including extensions), and you designate that contribution as a contribution for the preceding taxable year.



For example, if you are a calendar year taxpayer and you make your HSA contribution on or before April 15th, your contribution is considered to have been made for the previous tax year if you designated it as such.

3. Limitations and Restrictions.

- a. **Deduction of Rollovers and Transfers.** A deduction is not allowed for rollover or transfer contributions.
- b. **Prohibited Transactions.** If you or your death beneficiary engage in a prohibited transaction with your HSA, as described in Code Section 4975, your HSA will lose its tax-exempt status and you must include the value of your account in your gross income for that taxable year and pay all applicable taxes and penalties.
- c. **Pledging.** If you pledge any portion of your HSA as collateral for a loan, the amount so pledged will be treated as a distribution and will be included in your gross income for that year and may be subject to the additional twenty percent (20%) tax.

4. Federal Tax Penalties.

- a. **Twenty Percent (20%) Penalty.** If you receive a distribution that is included in your gross income, you are subject to an additional tax of twenty percent (20%). This additional twenty percent (20%) tax will apply unless a distribution is made on account of (i) attainment of age sixty-five (65) (or, if different, the age specified under Section 1811 of the Social Security Act), (ii) death, or (iii) disability.
- b. **Excess Contribution Penalty.** An excise tax of six percent (6%) is imposed upon any excess contribution you make to your HSA. This tax will apply each year in which an excess remains in your HSA. An excess contribution is any contribution amount which exceeds your contribution limit, excluding rollover and direct transfer amounts.

5. Other.

- a. **Important Information about Procedures for Opening and Maintaining your Account.** To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial organizations to obtain, verify, and record information that identifies each individual who opens an account. What this means for you, when you open an account, you are required to provide your name, residential address, date of birth, and identification number. As part of the ongoing maintenance of your account we may require other information or documentation that allows us to identify you. You understand that your HSA may be closed if additional verification is not possible. Upon such closure, funds deposited in your HSA will be returned to you, less any fees or expenses chargeable against your HSA, or penalties or surrender charges associated with the early withdrawal of any savings instrument or other investment in your HSA account. The Custodian shall not be liable for any tax consequences or tax withholdings you may incur as a result of the transfer or distribution of your assets.
- b. **Force Majeure.** We will be released without any liability on our part from the performance of our obligations hereunder, to the extent our performance is prevented by the event of Force Majeure. Force Majeure will mean any event or condition not reasonably within our control which prevents in whole or in material part, the performance by us of our obligations hereunder or which renders the performance of such obligations so difficult or costly as to make such performance commercially unreasonable.

We shall not be liable for failure to perform or delay in performance of any of our obligations under this agreement to the extent that such failure or delay results from any act of God, including but not limited to a blizzard, flood, tornado or any other adverse weather conditions; military operation; terrorist attack; widespread and prolonged loss of use of the internet or the world wide web, national emergency; civil commotion; or the order of any government agency or acting government authority or any other cause beyond our reasonable control whether similar or dissimilar to the foregoing causes.

- c. **Sweep Disclosure Notification.** As set forth under this agreement, you may make contributions to your HSA. Based on the value of your HSA and certain threshold and trigger amounts defined under this agreement, funds may be moved between your Cash Account and Investment Account. These funds may either be in a deposit account at the Custodian or an Investment Account at an outside investment company, at your direction.

If you direct that the funds be in a deposit account at the Custodian, then these funds will be insured by the FDIC to the extent of the deposit insurance limits. In the event of the failure of the Custodian, you will be a secured creditor of the Custodian to the extent of the FDIC deposit insurance limits. If the funds are in excess of the FDIC deposit insurance limits, you will be an unsecured creditor with respect to the excess.

If you direct that the funds be at an outside investment company, then these funds are not considered a deposit account of the Custodian and are not FDIC insured.



Health Savings Account (HSA)

In the event of the failure of the Custodian, these funds will remain your separate funds at the outside investment company and are subject to the provisions of the outside investment company.

By executing this agreement, you acknowledge receipt of the Sweep Disclosure Notification and agree to receive future notices of any updates to the Sweep Disclosure Notification at www.healthcarebank.com, and to review the Sweep Disclosure Notification no less frequently than annually.

- d. **Custodian Information.** Healthcare Bank, 3100 13th Ave SW, Fargo, ND 58103. Healthcare Bank is a division of Bell State Bank & Trust, a wholly owned subsidiary of State Bankshares, Inc.

Designation of Representative by Accountholder

The Health Savings Account ("HSA") Accountholder named on the Healthcare Bank Custodial Agreement and Disclosure Statement ("Accountholder") hereby appoints, designates, and authorizes TASC ("TPA") to serve as its Designated Representative and HSA Administrator. The TPA hereby accepts the appointment by the Accountholder, subject to the terms and conditions set forth below.

1. **Designated Representative.** In its role as Designated Representative, the TPA will serve as primary liaison between the Accountholder and Healthcare Bank ("Custodian"). The TPA will not provide any services to the Accountholder or the Accountholder's HSA as a fiduciary under Section 3(21) of ERISA, under any comparable and applicable provisions of state or local law, or under the Investment Advisor's Act of 1940.
2. **Investments.** All investment transactions, including all communications and instructions, must be completed by the Accountholder through the investment portal ("Investment Portal") available through the 1Cloud by Evolution1® system ("Application") made available to the Accountholder by the TPA. The communications and instructions may include instructions to place orders for the purchase and sale of mutual funds or other investments made available through the Custodian. The Accountholder hereby authorizes and directs the Custodian to accept such investment instructions from the Investment Portal and the Application, to pay for mutual fund share purchases from the Accountholder's HSA, and to receive payment from the sale of mutual fund shares into the Accountholder's HSA. The Accountholder and the TPA agree to the following:
 - a. No investment transaction for the Accountholder's HSA to be processed by the Custodian at the direction of the Accountholder will be processed until the Custodian receives the funds to be invested and the instruction in proper form. Investment transactions will be processed either as soon as administratively practicable thereafter or, if later, on the scheduled date for processing. The Custodian may rely conclusively on all instructions given through the Investment Portal and the Application that the Custodian believes to be genuine. In the absence of proper investment instructions, the Custodian will not be liable for interest, market gains or losses in the HSA. The Custodian is not a guarantor of timely processing with respect to the Accountholder or TPA.
 - b. The Accountholder agrees that the Custodian may rely on instructions from the Investment Portal and the Application, and the Accountholder agrees that the Custodian shall be under no duty to make an investigation with respect to any such instructions. However, each direction is contingent upon the determination by the Custodian that the instruction can be administered by the Custodian.
 - c. The Accountholder is solely responsible for managing the investments of the Accountholder's HSA and for communicating investment instructions through the Investment Portal on the Application. All instructions, directions, and/or confirmations received by the Custodian from the Investment Portal and the Application shall be deemed to have been authorized by the Accountholder.
 - d. The Accountholder understands and agrees the Custodian will hold only those mutual funds or other investments agreed to by the Custodian.
 - e. The Custodian may delay the processing of any investment transaction due to a Force Majeure, government or National Securities Clearing Corporation ("NSCC") restrictions or changes, exchange, market or NSCC rulings, strikes, interruptions of communications or data processing services, or disruptions in orderly trading on any exchange or market.
 - f. "Force Majeure" means a cause or event outside the reasonable control of the parties or that could not be avoided by the exercise of due care, such as an act of God, including but not limited to a blizzard, flood, tornado or any other adverse weather conditions, or a significant mechanical, electronic or communications failure.
 - g. The Accountholder agrees that the TPA is not an agent of the Custodian except with respect to HSA contributions transmitted from the TPA to the Custodian.



3. **HSA Administrator.** In its role as HSA Administrator, the TPA will assume recordkeeping and nondiscretionary administrative duties on behalf of the Custodian, for the benefit of both the Custodian and the Accountholder. The TPA will not provide any services to an Accountholder or an Accountholder's HSA as a fiduciary under Section 3(21) of ERISA, under any comparable and applicable provisions of state or local law, or under the Investment Advisor's Act of 1940. The TPA agrees to assume the following specific duties and responsibilities:

- a. Receive and forward contributions from the Accountholder and Accountholder's employer.
- b. Receive and transmit investment instructions and other information to the Custodian through the Application.
- c. Pay distributions to or for the benefit of the Accountholder.
- d. Maintain all necessary information on the Application for the Custodian to prepare required returns, reports, or other documents to the applicable taxing authorities, including IRS Forms 5498-SA and 1099-SA.
- e. Provide access to the Accountholder through the use of the Application to permit the Accountholder to initiate transactions and access information on HSA balances and investments.
- f. Forward requests to the appropriate mutual fund provider if necessary for prospectuses, financial statements, reports, or any other material related to mutual funds to the extent such information is not made available electronically through the Application.
- g. Produce electronic account information to the Accountholder through the Application, or by paper if requested by the Accountholder, showing the assets of the HSA and records of contributions, distributions, and other transactions.
- h. Perform other reasonable services requested by the Custodian and the Accountholder.

4. **Removal of the Designated Representative and the HSA Administrator.** The Accountholder may remove the TPA as the Designated Representative or the HSA Administrator by closing their HSA with the Custodian.

5. **Compensation to the TPA from the Custodian.** As compensation for assuming recordkeeping and administrative duties on behalf of the Custodian, and pursuant to the terms of a separate agreement between the Custodian and the TPA, as follows:

- a. If the Fed Funds Rate on the last Business Day of the month is equal to or greater than two and one-half percent (2.5%) per annum, then the Custodian shall pay to the TPA an amount equal to one percent (1%) per annum of HSA assets held in the Cash Account, up to a maximum Cash Account balance of \$2,000 per Accountholder.
- b. If the Fed Funds Rate on the last Business Day of the month is less than two and one-half percent (2.5%) per annum, then the amount the Custodian shall pay to the TPA may be reduced, in the sole and exclusive discretion of the Custodian, below the one percent (1%) per annum of the HSA assets held in the Cash Account, up to a maximum Cash Account balance of \$2,000 per Accountholder or eliminated in total.
 - I. If the Custodian, in their sole and exclusive discretion, does pay compensation to the TPA when the Fed Funds Rate is less than two and one-half percent (2.5%); such payment shall not result in any future obligation of the Custodian to the TPA or be considered as an amendment or modification of this agreement.
 - II. Upon the Fed Funds Rate increasing to two and one-half percent (2.5%) or above, the Custodian will pay compensation to the TPA as set forth under paragraph 5.a. above.
- c. No HSA assets shall be used for this purpose, and all such compensation shall be paid from the Custodian's general assets. The amount of compensation shall be adjusted to reflect daily average collected balances of HSA funds in the Cash Account, up to a maximum Cash Account balance of \$2,000 per Accountholder. This amount may be reduced if (i) the Accountholders are permitted to invest minimum balances in interest-bearing accounts, (ii) the minimum balance for one (1) or more specified groups of Accountholders is less than designated threshold agreed upon by the Custodian, or (iii) the Custodian makes changes to the standard offering of mutual funds, as chosen by the Custodian or as agreed upon by the Custodian and the TPA, at the request of the TPA or other third party, other than the Accountholders, which results in increased expenses or decreased revenues to the Custodian. The TPA shall communicate designated threshold to the Accountholder.



6. Liability. The Accountholder hereby agrees to indemnify, defend and hold the TPA and the Custodian, and any parent, subsidiary, related corporation, or affiliate of the TPA or the Custodian, including their respective directors, managers, officers, employees and agents, harmless from and against any and all loss, costs, damages, liability, expenses or claims of any nature whatsoever, including but not limited to legal expenses, court costs, legal fees, and costs of investigation, including appeals thereof, arising, directly or indirectly:

- a. Thereof from any action that the TPA or the Custodian takes in good faith in accordance with any certificate, notice, confirmation, or instruction delivered by the Accountholder, whether through the Application or otherwise. The Accountholder waives any and all claims of any nature it now has or may have against the TPA or the Custodian and its affiliates, parent company and their respective directors, managers, officers, employees, agents and other representatives, which arise, directly or indirectly, from any action that the TPA and the Custodian takes in good faith in accordance with any certificate, notice, confirmation, or instruction from the Accountholder.
- b. Out of any loss or diminution of any mutual fund or other investment of the HSA resulting from changes in the market value; reliance, or action taken in reliance, on instructions from the Accountholder; any exercise or failure to exercise investment direction authority by the Accountholder; the TPA or the Custodian's refusal on advice of counsel to act in accordance with any investment direction by the Accountholder; any other act or failure to act by the Accountholder; any prohibited transaction due to any actions taken or not taken by the TPA or the Custodian in reliance on instructions from the Accountholder; or any other act the TPA or the Custodian takes in good faith hereunder.

Without limiting the generality of the foregoing, the Custodian shall not be liable for any losses arising from its compliance with instructions from the Accountholder or the TPA; or executing, failing to execute, failing to timely execute or for any mistake in the execution of any instructions, unless such action or inaction is by reason of the willful misconduct of the Custodian.

The Accountholder is responsible for and hereby agrees to reimburse the TPA for any fees or penalties paid by the TPA for corrected 1099-SA and/or 5498-SA forms due to an error by the Accountholder.

This provision shall survive the termination of the Custodial Agreement and Disclosure Statement.

7. Electronic Communications. The Accountholder understands and authorizes that certain investment elections, changes or transfers, distribution decisions, and any other decision or election by the Accountholder or the TPA shall be accomplished exclusively by electronic means through the Investment Portal and the Application, which includes, but is not limited to, the internet and which are not otherwise prohibited by law and which are in accordance with procedures and/or systems approved or arranged by the Custodian and the TPA.

8. Electronic Payment Authorization. The Accountholder authorizes electronic debit and credit entries, if applicable, to the Accountholder's designated checking or savings account. The Accountholder also authorizes adjustments to these accounts for error corrections. This authorization will remain in effect until the termination of this agreement.

9. Distributions. The Accountholder authorizes the Custodian to distribute funds from the HSA on behalf of the Accountholder upon instruction through the Application or through the use of the Debit Card. Funds to be disbursed shall be placed in a Distribution Account of the TPA, and the Accountholder authorizes the TPA to withdraw funds requested by the Accountholder from the Distribution Account and pay them to or for the benefit of the Accountholder or, if agreed upon in advance between the Accountholder and the TPA, to the TPA for administrative fees or to a third party provider of medical services or supplies.

10. Relationship of the Custodian and Designated Representative and HSA Administrator.

This provision shall survive the termination of the Custodial Agreement and Disclosure Statement. The Accountholder understands and agrees the Custodian will hold only those mutual funds or other investments agreed to by the Custodian.

The Accountholder understands and authorizes that certain investment elections, changes or transfer, distribution decisions, and any other decision or election by the Accountholder or the TPA shall be accomplished exclusively through the Investment Portal and the Application in accordance with procedures and/or systems approved or arranged by the Custodian and the TPA.

The Accountholder authorizes the Custodian to distribute funds from the account on behalf of the Accountholder upon instruction from the Application or through the use of the Debit Card. Funds to be disbursed shall be placed in the Distribution Account of the TPA, and the Accountholder authorizes the TPA to withdraw funds requested by the Accountholder from the Distribution Account and pay them to or for the benefit of the Accountholder.



The Custodian has entered into a separate contract with the TPA with respect to its roles as the Designated Representative and the HSA Administrator. Upon termination of the contract between the Custodian and the TPA, the Accountholder agrees that the Custodian may assume the responsibilities of the TPA. If the Custodian does not choose to assume the responsibilities of the TPA, the Accountholder may appoint a new Designated Representative and HSA Administrator if acceptable to the Custodian pursuant to this agreement. If the Custodian does not choose to assume the responsibilities of the TPA and the Accountholder does not appoint a new Designated Representative and HSA Administrator acceptable to the Custodian, the Custodian may resign on the effective date of termination of the contract between the HSA Administrator and the Custodian. The Custodian is authorized to contract or make arrangements with any affiliate or third party for the provision of necessary services to the Account. The Custodian is specifically authorized to place securities orders, settlement security trades, hold securities in custody and perform related activities on behalf of the account.

11. Amendment. The Custodian and the TPA, upon mutual agreement, have the right to amend this agreement at any time. Any amendment made to comply with federal or state law does not require the Accountholder's consent. The Accountholder will be deemed to have consented to any other amendment unless, within thirty (30) days from the date of notice of the amendment, the Accountholder notifies the TPA in writing that it does not consent.

12. Termination of Agreement and Resignation. The Accountholder may terminate this agreement at any time by giving written notice to the TPA. The TPA may resign as Designated Representative and HSA Administrator any time effective thirty (30) days after it mails written notice of its resignation to the Accountholder. Upon receipt of that notice, the Accountholder must make arrangements with the Custodian to appoint a new Designated Representative and HSA Administrator. If the Custodian does not choose to assume the responsibilities of the TPA, and the Accountholder does not appoint a new Designated Representative and HSA Administrator acceptable to the Custodian, the Custodian may resign on the effective date of termination of this agreement.

13. Fees. The Accountholder shall pay the TPA the administrative fees described in any separate agreement with the TPA, and the Custodian shall undertake no responsibility for collecting, reconciling, reporting or disclosing said fees in connection with this agreement.

The TPA shall pay the Custodian a service charge for activity costs associated with the Contribution and Distribution Accounts maintained at the Custodian, as described in a separate schedule with the TPA. The Custodian shall pay the TPA an earnings credit for positive collected balances in the Contribution and Distribution Account. The earnings credit shall be calculated using a tiered rate which is based on the 91-day Treasury Bill index, after a ten percent (10%) reserve requirements. If the earnings credit exceeds the activity costs, there shall be no service charge. If the earnings credit is less than the activity costs, the service charge shall be deducted from the TPAs designated account.

14. Termination. In the event the Accountholder terminates employment or otherwise discontinues making contributions under the Accountholder's employers HSA funding program, the Accountholder may be offered an opportunity to continue these HSA services as provided by the Custodian and Designated Representative. Accountholder will be provided with details of such arrangement, which may include, without limitation, changes to the Accountholder's investment choices, fees, plan type, user ID, password, and/or enhanced online security feature.



Discrimination is Against the Law 45 C.F.R. § 92.8(b)(1) & (d)(1)

Total Administrative Services Corporation complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. TASC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

TASC provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats.

TASC provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact TASC's Civil Rights Coordinator.

If you believe that TASC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator, 2302 International Way, Madison, WI 53704; Phone: 1-608-316-2408; Fax: 1-877-231-1287; Email: CivilRightsCoordinator@tasconline.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, TASC's Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-868-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-608-316-2408.

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-877-533-5020 (TTY: 1-800-947-3529).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-877-533-5020 (TTY: 1-800-947-3529)。

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-533-5020 (TTY: 1-800-947-3529).

ذالك نتت تحدث الكرال لغوة إن خدمات ال مساعده ال لغوة ! :تظوحلم 1-533-5020-1 (ق م) 778
مقرب لصتا. إن اجمل اب لكل رفاوتت مقبل او مصلا افتاها: 1-800-947-3529).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-533-5020 (телетайп: 1-800-947-3529).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-533-5020 (TTY: 1-800-947-3529). 번으로 전화해 주십시오.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-533-5020 (TTY: 1-800-947-3529).

Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-877-533-5020 (TTY: 1-800-947-3529).

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທສ 1-877-533-5020 (TTY: 1-800-947-3529).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-533-5020 (ATS : 1-800-947-3529).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-533-5020 (TTY: 1-800-947-3529).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-877-533-5020 (TTY: 1-800-947-3529) पर कॉल करें।



Health Savings Account (HSA)

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-877-533-5020 (TTY: 1-800-947-3529).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-533-5020 (TTY: 1-800-947-3529).

ENROLLMENT



State of Wisconsin

HEALTH SAVINGS ACCOUNT





WELCOME

Save up to 30% with a Health Savings Account (HSA)!

It's Your Choice Open Enrollment

- Annual It's Your Choice Open Enrollment Period: **October 17 – November 11, 2016**
- 2017 Benefit Period: **January 1 – December 31, 2017**
- **Note:** You must re-enroll in an HSA each year, even if you plan to continue High-Deductible Health Plan (HDHP) enrollment.

New Employee Enrollment

If you are electing to enroll in an HSA, you must enroll within 30 days of your date of hire (in an eligible position), or first eligible appointment. Coverage will be effective on the first of the month on or following your eligibility date.

Qualified Life Change Event

If you experience a qualified life change event, such as a marriage or divorce, birth or adoption of a child, a change in employment status, or another qualified life change event, you may have the opportunity to enroll or change your coverage outside of the open enrollment period. There are various rules related to qualified life change events. Changes due to a qualifying life event must be made within 30 days from the date of the event.

Important Program Information

Expense Deadline – For the 2016 Benefit Period, you must incur all eligible expenses by December 31, 2016.

For the 2017 Benefit Period, you must incur all eligible expenses by December 31, 2017.

Re-Enrollment – You must re-enroll each year to continue participation. Elections do not carry forward from year to year.

Claims Deadline – While you should always try to submit requests for distribution during the same plan year in which the expense was incurred, there is no deadline to request an HSA distribution. You can only be reimbursed for eligible expenses incurred after your HSA was established and funded.

Carryover – All unused HSA funds carryover year-to-year without forfeiture.

TASC Benefits Mobile App

- The TASC Benefits mobile app lets you access your account information wherever you are – 24/7!
- To download, visit the iOS App Store or Android Marketplace and search for “eflex Benefits.”
 - File claims using your mobile device’s camera – simply take a picture of your receipt and upload.
 - Keep track of any changes to your account balance.
 - View your plan end date and run-out period.
 - View claims history.
 - Check claim status.
 - Enjoy totally secure access.

We look forward to meeting your HSA needs!

TASC Customer Care

Phone	844-786-3947 or 608-316-2408 Monday – Friday, 8:00 a.m. to 5:00 p.m.
Online	https://partners.tasconline.com/ETFEmployee
Email	1customercare@tasconline.com
Mail	P.O. Box 7511 Madison, WI 53707
Fax	877-231-1287



HEALTH SAVINGS ACCOUNT



A Health Savings Account (HSA) is an individually-owned, tax-advantaged account that you can use to pay for current or future eligible medical expenses. With an HSA, you'll have the potential to build more savings for health care expenses or additional retirement savings through self-directed investment options.

What are the benefits of an HSA? How does it work?

- Pre-tax contributions reduce your taxable income.
- Post-tax contributions are tax deductible.
- Make changes to your contribution at any time.
- Distributions for eligible medical expenses are tax free.
- HSA funds carry over year-to-year without forfeiture.
- Contributions to your HSA belong to you, even if you retire or change employment.⁴
- Grow your savings over time by earning interest.
- After age 65, your funds can be withdrawn for any purpose without penalty (subject to regular income taxes).
- You can contribute to your HSA via payroll deduction or by online transfer from your personal bank account to your HSA. Your employer (if eligible for employer contribution) or third parties, such as a spouse or parent, may contribute to your account as well.
- You can pay for eligible medical expenses with your TASC Card or pay out-of-pocket. If you pay out-of-pocket, you can either choose to reimburse yourself or keep the funds in your HSA to grow your savings.
- Manage your HSA account 24/7 via the TASC Benefits mobile app or TASC Online account at <https://partners.tasconline.com/ETFEmployee>.

Enrollment Eligibility

- State employees, except those who are eligible for the graduate assistant/short term academic staff benefits package and are not in the Wisconsin Retirement System, are eligible to participate.
- Limited Term Employees (LTEs) who are eligible for the State of Wisconsin Group Health Insurance Program are eligible to participate.
- Retirees¹ younger than age 65 are eligible to participate.
- **To enroll in an HSA, you must be enrolled in a qualified IYC HDHP.** In addition:
 - You cannot have any other health coverage that pays for out-of-pocket health care expenses before you meet your plan deductible, including Medicare A and B.
 - You cannot be covered by TRICARE, or have accessed your Veterans Administration (VA) benefits in the past 90 days (to contribute to an HSA). Exceptions may apply. See HSA Participant Guide for more details.
 - You cannot be claimed as a dependent on another person's tax return (unless it's your spouse).
 - You (and your spouse) cannot have a Health Care FSA in the same year.
 - **Note: You must notify your human resources/benefits office of any other medical coverage when enrolling in, and at any point while enrolled in, the HDHP and HSA.**

Annual HSA Contribution Limits	2017	2016
Individual HSA Contribution Limit ²	\$3,400	\$3,350
Family HSA Annual Contribution Limit ²	\$6,750	\$6,750
HSA Catch-Up Contribution Limit ³	\$1,000	\$1,000

1: Retirees enrolled in IYC HDHP/HSA benefit option must keep HSA open and active, and pay \$3.00 monthly service fee.
 2: Contributions from all sources combined, such as employee, employer, and third parties (i.e. parent, spouse, or anyone else) must not exceed these limits.
 3: Health Savings Account holders that meet these qualifications are eligible to make an HSA Catch-Up Contribution of \$1,000: age 55-65 (regardless of when in the year an account holder turns 55), not enrolled in Medicare (if an account holder enrolls in Medicare mid-year, catch-up contributions should be pro-rated).
 4: Employees that terminate employment but keep HSA open and active pay \$3.00 monthly service fee.

Annual HSA Contribution Limits



This is the amount the Internal Revenue Service (IRS) allows to be contributed to an individual HSA. If a married individual's spouse also has an HSA, the two can only contribute up to the total contribution limit between the two HSAs. **If you are eligible, your employer may contribute up to \$750 individual/\$1,500 family.**

Eligible HSA Medical Expenses

Below is a partial list of eligible expenses that are reimbursable through an HSA. Eligible expenses can be incurred by you, your spouse, or qualified dependents. For more information, see your HSA Participant Guide. For the complete list of eligible and ineligible expenses, visit www.IRS.gov and see IRS Publications 502.

Medical Expenses

- Acupuncture
- Birth control/contraceptive devices
- Birth classes/Lamaze⁵
- Blood pressure monitor
- Chiropractic therapy/exams/adjustments
- Co-payments
- Crutches⁵
- Flu shots
- Hearing aids and batteries⁵
- Infertility treatments
- Insulin and diabetic supplies
- Legal sterilization
- Physical exams
- Physical therapy⁵
- Sleep apnea services/products⁵
- Smoking cessation programs
- Treatment for alcohol or drug dependency
- Vaccinations
- Wrist supports/elastic straps
- X-ray fees

5: Restrictions may apply. See IRS Publication 502 for more details.

Note: If you have a qualified dependent child, you can use your HSA funds to pay for their eligible medical expenses through the end of the calendar year in which they turn 24.

Interest Rate and HSA Investment Options

- Funds in your HSA account will earn interest over time.
- Once your balance reaches \$2,000, you may invest any funds above that level (in \$100 increments) in a variety of HSA investment options with varying levels of related risk and returns.
- For more information about interest rate and HSA investment options, see page 4 of the HSA Enrollment Brochure or visit TASC Online at <https://partners.tasconline.com/ETFEmployee>.

How to Enroll

- Annual It's Your Choice Open Enrollment period: **October 17 – November 11, 2016**
- Benefit Period: January 1 – December 31, 2017
- Deadline for New Hire Enrollment is within 30 days from hire date. Contact your human resources/benefits office for details.
- Deadline for Qualified Life Change Event Enrollment or Changes is within 30 days of the date of the qualified life change event. Contact your human resources/benefits office for details.
- See page 7 or visit www.etf.wi.gov/IYC2017 for enrollment information, or contact your human resources/benefits office for enrollment instructions.
- **Note:** If you are continuing HDHP coverage, you must re-enroll in HSA each year. Elections do not carry forward from year to year.

Dental Expenses

- Cleanings and exams
- Crowns and bridges
- Dental surgery
- Dental x-rays
- Dentures
- Extractions
- Diagnostic services
- Fillings
- Orthodontia
- Root canals

Vision Expenses

- Contact lenses and lens solutions
- Eye exams
- Eye surgery
- Diagnostic services
- Laser eye surgery/LASIK
- Prescription eyeglasses
- Seeing eye dog (*buying, training, and maintaining*)

OTC Medicines and Drugs

Over-the-counter (OTC) medicines and drugs, except for insulin, require a prescription from your physician to be reimbursable with your TASC HSA. The prescription must be included with each request for reimbursement.

- Cold medicines
- First Aid supplies
- Hemorrhoid treatments
- Indigestion medications
- Nicotine patches
- Pain relievers
- Pain relieving creams
- Sinus medications

Following Enrollment

- Once you have enrolled in the HSA, you will receive:
- **HSA Welcome Brochure**
The HSA Welcome Brochure will provide you with information on how to manage your HSA, set-up your TASC Online account, your responsibilities, and key dates. It will also provide you with information on how to make additional contributions, transfer funds to an investment account, or request a distribution.
 - **TASC Card**
Your TASC Card allows you to conveniently pay for eligible medical expenses. Be sure to review the Cardholder Agreement included with your TASC Card.
 - **Note:** If you are a current TASC participant, you will not be issued a new TASC Card. You will continue to use your current TASC Card.



HSA INTEREST RATE & INVESTMENT OPTIONS



A Health Savings Account (HSA) lets you save money tax-free to pay for health care expenses not covered by insurance. If you do not use all of your HSA funds, they carry over year-to-year without forfeiture. The money is yours, even if you leave the High-Deductible Health Plan (HDHP) or state service.

Not only do you save on taxes, but your HSA dollars can grow over time, especially if you decide to compound your funds. The amount you save depends on how you choose to use your HSA funds.

Building Your Nest Egg

- Funds in your HSA account will earn interest over time.
- Once your balance reaches \$2,000, you may invest funds (in \$100 increments) above that level in a variety of HSA investment options with varying levels of related risk and returns.



Triple Tax Advantage

HSAs offer a triple tax advantage by making the following tax free:

- Contributions
- Distributions
- Investment earnings

Health Savings Account Interest Rate Disclosure

HSA balances are initially invested in an FDIC insured interest-bearing account with HealthcareBank, a division of Bell State Bank & Trust, as custodian for your HSA.

HealthcareBank uses the daily balance method to calculate interest on your HSA. This method applies a daily periodic rate to the principal balance in your HSA each day.

The following interest rate and Annual Percentage Yield (APY) apply and are effective as of November 1, 2015.

Health Savings Account Balance	Interest Rate	Annual Percentage Yield (APY)
Less than \$2,000	0.05%	0.00% - 0.05%
\$2,000 - \$4,999.99	0.10%	0.05% - 0.08%
\$5,000 - \$9,999.99	0.25%	0.08% - 0.17%
\$10,000 - \$24,999.99	0.35%	0.17% - 0.28%
\$25,000 or more	0.50%	0.28% - 0.50%

To find more information on interest rate and HSA investment options, visit the TASC website and click on the HSA Participant Guide.

- Interest rates will be paid for the portion of your daily balance within each tier.
- The interest rate and APY may change at HealthcareBank's discretion, at any time.
- Interest begins to accrue no later than the business day HealthcareBank receives credit in your HSA for the deposit of non-cash items (for example, checks).
- Interest is compounded and credited to your HSA monthly.
- If you close your HSA before interest is credited, you will not receive the accrued interest for that month.

HSA Investment Account

A unique aspect of an HSA is the ability to invest some of your savings, which may potentially increase the value of your account for retirement. In order to invest your HSA funds, you **must** set up an HSA Investment Account. See the HSA Participant Guide at <https://partners.tasconline.com/ETFEMployee> or your TASC Online Tools & Resources for more details. Also see the next page for HSA Investment Option offerings.

If you do not elect to participate in the investment option, the funds will remain in your HSA earning interest at the rate detailed above. For the most current rates and investment options, visit your TASC Online Account. Mutual funds are not FDIC insured.



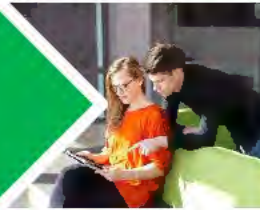
HSA Investment Options

INTEREST BEARING OPTION							
Fund Name	Category	Annual Percentage Rate	Annual Percentage Yield (APY)	Rate Effective			
HealthcareBank Interest Bearing Account FDIC Insured – Bank Guaranteed	Cash Equivalent	0.20%	0.20%	June 1, 2012			
MUTUAL FUND OPTIONS							
Fund Name	Category	Symbol	YTD	Mutual Fund Returns as of July 31, 2016			
				3 Year Return	5 Year Return	10 Year Return	Expense Ratio
James Balanced Golden Rainbow (Retail)*	Conservative Allocation	GLRBX	3.00%	4.85%	6.24%	6.35%	0.97
TRowe Price Capital Appreciation Fund (Adv)*	Moderate Allocation	PACLX	7.42%	10.39%	11.81%	8.58%	1.01
Ivy Asset Strategy (A)*	World Allocation	WASAX	-2.28%	-1.05%	1.41%	5.59%	0.99
Vanguard 500 Index (Inv)*	Large Blend	VFINX	7.58%	10.99%	13.21%	7.62%	0.16
American Funds Growth Fund of America (F1)*	Large Growth	GFAFX	4.60%	10.85%	12.37%	7.50%	0.70
Vanguard Mid Cap Index (Inv)*	Mid-Cap Blend	VIMSX	8.23%	10.27%	12.21%	8.40%	0.20
JPMorgan Market Expansion Index (A)*	Mid-Cap Blend	OMEAX	10.57%	9.67%	12.30%	8.51%	0.97
Neuberger Berman MidCap Growth	Mid-Cap Growth	NMGAX	2.97%	7.78%	9.86%	8.23%	1.12
Vanguard Small Cap Blend Index (Inv)*	Small Blend	NAESX	10.29%	8.25%	11.68%	8.51%	0.20
Vanguard Small Cap Growth Index (Inv)*	Small Growth	VISGX	8.00%	6.91%	10.51%	9.05%	0.20
Northern Small Cap Value*	Small Value	NOSGX	10.63%	7.93%	11.26%	7.18%	1.23
Vanguard Total International Stock Index (Inv)*	Foreign Large Blend	VGTSX	4.46%	1.88%	1.70%	2.22%	0.19
American Funds Europacific Growth (F1)*	Foreign Large Growth	AEGFX	2.57%	3.82%	3.62%	4.04%	0.86
Fidelity Advisor Diversified International	International	FDVAX	-0.72%	4.09%	4.83%	2.21%	1.22
Vanguard Emerging Market Stock Index (Inv)*	Diversified Emerging Markets	VEIEX	12.96%	0.26%	-2.65%	3.74%	0.33
Vanguard Total World Stock Index (Inv)*	World Stock	VTWSX	6.20%	6.10%	6.88%	-	0.25
Nuveen Real Estate Securities (A)*	Real Estate	FREAX	15.59%	14.26%	12.37%	8.10%	1.30
Templeton Global Bond (A)*	World Bond	TPINX	-1.19%	-0.15%	0.94%	6.35%	0.91
Vanguard Intermediate Term Bond Index (Inv)*	Intermediate-Term Bond	VBIIIX	7.60%	5.08%	4.53%	6.20%	0.16
PIMCO Total Return (Adm)*	Intermediate-Term Bond	PTRAX	4.87%	3.43%	3.41%	5.94%	0.72
Vanguard Total Bond Market Index (Inv)*	Core Bond	VBMFX	6.15%	4.06%	3.42%	4.94%	0.16

Not FDIC Insured – No Bank Guarantee – May Lose Value – See TASC Online Account for Current Rates and Investment Options

*This bank acts solely as custodian with any mutual funds being offered and sold through a registered broker-dealer by prospectus only. Past performance of investments is no indication or assurance of future performance. As with all investments, mutual funds involve risk. The investment return and principal value will fluctuate so that shares, when redeemed, may be worth more or less than their original cost. Read the prospectus carefully before you invest. Some funds have a redemption fee under certain circumstances.

HOW TO ENROLL



Annual It's Your Choice Open Enrollment Period: October 17 – November 11,* 2016
2017 Benefit Period: January 1 – December 31, 2017

Enroll During It's Your Choice

- Visit www.etf.wi.gov/IYC2017 for It's Your Choice Open Enrollment information.
- You have **three ways** to enroll during the It's Your Choice Open Enrollment Period:
 - Online
 - Paper
 - Telephone
- You can request a paper application from your payroll or benefits office, or download a copy from the TASC or ETF website.
- Your election will be effective January 1, 2017.
- **Note:** If you are already enrolled in a Health Savings Account (HSA), you **must** re-enroll each year to continue participation. Enrollments do not carry forward from year to year.

* Due to November 11 being a federal holiday, mailed applications must be postmarked by November 10, 2016.

UW System Employees

- Enrollments are done directly through the UW, **not** the TASC portal/website or by telephone.
- UW System employees should refer to www.wisconsin.edu/ohrwd/benefits or contact your UW institution human resources department for enrollment instructions for 2017.

State of Wisconsin & Legislature Employees

- State of Wisconsin and Legislature employees who are paid through the STAR System should log in to STAR at <https://ess.wi.gov> to make all benefits elections during the annual It's Your Choice period. Contact your agency payroll and benefits staff with any enrollment questions.

If You Are a Newly Hired Employee

- If you are electing to enroll in an HSA, you must enroll within 30 days of your date of hire (in an eligible position), or first eligible appointment.
- Coverage will be effective on the first of the month on or following your eligibility date.
- For more information and enrollment instructions, contact your human resources/benefit office.

If You Have Experienced a Qualifying Life Change Event

- If you experience a qualified life change event, such as a marriage or divorce, birth or adoption of a child, a change in employment status, or another qualified life change event, you may have the opportunity to enroll or change your coverage outside of the open enrollment period.
- There are various rules related to life change events. You must enroll or make changes within 30 days from the date of the qualifying event.
- Contact your human resources/benefit office for more information on qualifying events, to see what your options are, how to enroll, and how to make a change.

Following Enrollment

Once you have enrolled in the HSA, TASC will send these items to you:

HSA Welcome Brochure

- The HSA Welcome Brochure will provide you with information on how to manage your HSA.
- Follow the instructions to set-up your TASC Online account.
- Use your online account to check your balance, make additional contributions, transfer funds to an investment account, or request a distribution.

TASC Card

- Your TASC Card allows you to conveniently pay for eligible medical expenses.
- Be sure to review the Cardholder Agreement affixed to the card.
- **Note:** If you are a current TASC participant, you will **not** be issued a new TASC Card. You will continue to use your current TASC Card.

Enroll with TASC Online

1. Determine desired annual contribution amount.
 - a. See page 9 of this HSA Enrollment Brochure for HSA Annual Expense Estimate Worksheet.
2. Go to the **TASC Online** website:
<http://partners.tasconline.com/ETFEmployee>
 - a. If you are a **new TASC Participant**, enter a temporary TASC username. This is your first initial, last name, date of birth (mmddyy), and the last four digits of your Social Security Number (SSN).
 - For example: JSmith0101771234
 - b. If you are a **current TASC participant**, enter your current TASC username and password.
 - If you do not remember your username or password, click **Forgot Username or Password** and follow the reset steps provided.
2. Once **logged in** to your TASC Online Account, click **Enroll Now**.
3. Enter your **information**.
 - a. You will be required to enter your SSN.
 - b. We recommend adding your personal email address.
 - c. Click **Next**.
4. If applicable, add your **dependent(s)**.
 - a. Enter the name(s) of your dependent(s).
 - b. Click **Add Dependent**.
 - c. Your dependent(s) will be displayed on the My Dependents list. Click **Next**.
5. Review your **eligibility** and the HSA Qualifications to ensure you are eligible for an HSA.
 - a. **Note:** If you are enrolled in a High-Deductible Health Plan (HDHP), you are not eligible for the Health Care Flexible Spending Account (FSA). See the HSA and Limited Purpose Flexible Spending Account (LPFSA) flyers for benefit options.
 - b. Click **Next**.

Reminder: If you are a UW System employee or a State of Wisconsin and Legislature employee paid through the STAR system, **do not enroll via TASC Online or by phone.** See the prior page for enrollment details.

6. Review the **plan rules**.
 - a. Check the **acknowledgement box** indicating that you have read the plan rules and agree to them.
 - b. **Note:** You must do this for **every plan**, even for plans in which you are not enrolled.
6. Review your **annual election amount**.
 - a. Enter your desired deduction per pay period.
 - b. It is your responsibility to ensure your contributions do not go beyond IRS maximum annual limits.
 - c. **Note:** Contributions from all sources combined, such as employee, employer, and third parties (i.e., parent or spouse), must **not** exceed these limits.
7. Review your **payment method**.
 - a. Select your preferred method to receive distributions and elect to get a TASC card.
 - b. If you elect direct deposit, you will need to enter your bank information.
 - c. Click **Next**.
8. Add your **beneficiaries**.
 - a. Select your desired beneficiaries from your list of dependents to prefill their information.
 - b. Click **Add Beneficiary**.
9. Accept the **Terms and Conditions**.
 - a. You must read and accept each agreement in order to active your HSA.
 - b. Click **Next**.
10. **Verify, submit and print**.
 - a. Review all of your information.
 - b. If any changes are required, click **Edit Information**.
 - c. When you have verified that all information is correct, print the **Enrollment Confirmation** page for your records.
 - d. Click **Next**.
 - e. Click **Submit Enrollment**.

Enroll by Telephone

- Contact TASC Customer Care at 1-844-786-3947 or 608-316-2408.
- One of TASC's friendly and knowledgeable Customer Service Representatives will assist you.
- TASC Customer Care is open Monday through Friday, 8:00 a.m. to 5:00 p.m.

Enroll by Paper

- Request a paper application from your human resources/benefit office, or download a copy from the ETF or TASC website.
- Submit a completed TASC HSA Enrollment Form to your human resources/benefit office.

Identification Verification Failure Notification

Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an HSA. This process will occur automatically upon your enrollment. If your identity cannot be verified, you will be notified of the identity verification failure via secure email. The email notification will provide required actions to resolve the matter. If you receive this notification, please provide the requested information within 30 days (via email or fax). If you do not respond within 90 days, your HSA will be deactivated. To be eligible for a High-Deductible Health Plan (HDHP), you must be enrolled in an HSA. If your HSA is deactivated, you will no longer be eligible for an HDHP.



HEALTH SAVINGS ACCOUNT ANNUAL EXPENSE ESTIMATE WORKSHEET

	Actual Expenses Last Year	Estimated Expenses New Year
High-Deductible Health Plan		
<i>Expenses toward plan deductible</i>		
Prescriptions	\$ _____	\$ _____
Physician visits	\$ _____	\$ _____
Hospital	\$ _____	\$ _____
Laboratory/testing	\$ _____	\$ _____
Subtotal:	\$ _____	\$ _____
Miscellaneous Health Expenses <u>Not</u> Covered by Insurance		
Over-the-counter medication	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Subtotal:	\$ _____	\$ _____
Dental Expenses		
Dental visits	\$ _____	\$ _____
Fillings	\$ _____	\$ _____
Major work (<i>root canals, crowns, dentures, etc.</i>)	\$ _____	\$ _____
Orthodontia (<i>braces</i>)	\$ _____	\$ _____
Subtotal:	\$ _____	\$ _____
Vision Expenses		
Eye examination	\$ _____	\$ _____
Eyeglasses	\$ _____	\$ _____
Contact lenses and solution	\$ _____	\$ _____
LASIK surgery	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Subtotal:	\$ _____	\$ _____
Hearing Expenses		
Hearing examination	\$ _____	\$ _____
Hearing aid	\$ _____	\$ _____
Subtotal:	\$ _____	\$ _____
Miscellaneous Dental, Vision, and Hearing Expenses <u>Not</u> Covered by Insurance		
Over-the-counter medication	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Subtotal:	\$ _____	\$ _____
Additional Contribution to Maximize Annual Savings		
	\$ _____	\$ _____
Total Annual Amounts:	\$ _____	\$ _____



TASC TOOLS



TASC CARD

TASC Online Account

TASC Benefits Mobile App

- Access your Health Savings Account (HSA) funds wherever you are – just swipe to pay for eligible HSA medical expenses.
- Eliminates the need to complete paper requests for distribution.
- Automatic verification of most eligible expenses.
- Instant access to your account information and account balance 24/7.
- Easy access to your contribution and distribution histories.
- Access helpful online tools, like tax savings calculators, health care expense tables, and more.
- Self-service feature available, such as signing up for direct deposit, ordering additional TASC cards, reviewing your investment rates and options, and managing your notifications.
- Access your account information and account balance – no matter where you are!
- Submit contribution and distribution requests by taking pictures of your receipts with your mobile device camera.
- Download the TASC Mobile App is available for Apple and Android phones – just search for “eflex Benefits” in the iOS App Store or Android Marketplace.



TASC Customer Care | Phone 844-786-3947 or 608-316-2408 | Email 1customer@tasconline.com

Discrimination is Against the Law 45 C.F.R. § 92.8(b)(1) & (d)(1) Total Administrative Services Corporation complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. TASC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

TASC provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats.

TASC provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact TASC's Civil Rights Coordinator.

If you believe that TASC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator, 2302 International Way, Madison, WI 53704; Phone: 1-808-316-2408; Fax: 1-877-231-1287; Email: CivilRightsCoordinator@tasconline.com.

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, TASC's Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-888-1019, 800-537-7687 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-808-316-2408.

LUS CEEV: Yog tiás koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-877-533-5020 (TTY: 1-800-947-3529).

注意: 如果您使用繁體中文, 您可以免費獲得語音輔助服務。請致電 1-877-533-5020 (TTY: 1-800-947-3529)。

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-533-5020 (TTY: 1-800-947-3529).

خدماتنا في لغة أكثر خفة في إن لغة أكثر. حدثك إننا بملفوظة 1-877-533-5020 رقم ذلك. واذر ولا كمره صبرها عند 1-800-947-3529 في لغو العالم بمانه رقمنا اصل. لأمجان

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-533-5020 (телефакс: 1-800-947-3529).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-533-5020 (TTY: 1-800-947-3529) 번으로 전화해 주십시오.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-533-5020 (TTY: 1-800-947-3529).

Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzsch, kantsch du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-877-533-5020 (TTY: 1-800-947-3529).

ໄປອຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ວາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໄດຍບໍ່ຄ່າຈ່າຍ, ຕະມັນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-877-533-5020 (TTY: 1-800-947-3529).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-533-5020 (ATS : 1-800-947-3529).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-533-5020 (TTY: 1-800-947-3529).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपने लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-877-533-5020 (TTY: 1-800-947-3529) पर कॉल करें।
KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pagesësë. Telefononi në 1-877-533-5020 (TTY: 1-800-947-3529).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-533-5020 (TTY: 1-800-947-3529).

After enrollment, don't forget to:

- Set-up your TASC Online Account.
- Check your email for a link to the HSA Welcome Brochure.
- Check your mail for your TASC Card and Cardholder Agreement.



**It's Your Choice
Open Enrollment Period**

October 17 – November 11, 2016

HOW TO ENROLL - RETIREES

HEALTH SAVINGS ACCOUNT



Annual It's Your Choice Open Enrollment Period: October 17 – November 11,* 2016
2017 Benefit Period: January 1 – December 31, 2017

Enroll During It's Your Choice

A Health Savings Account (HSA) is an individually-owned savings account that you **must** enroll in if you are enrolled in one of the It's Your Choice High-Deductible Health Plans (HDHP). To enroll:

- You have **two ways** to enroll during the It's Your Choice Open Enrollment Period:
 - Paper
 - Online
- You can request a paper application from ETF, or download a copy from the TASC website (<https://partners.tasconline.com/ETFEmployee>) or ETF website (etf.wi.gov).
- Your election will be effective January 1, 2017.
- **Note:** If you are already enrolled in a Health Savings Account (HSA), you **must** re-enroll each year to continue participation. Enrollments do not carry forward from year to year.

* Due to November 11 being a federal holiday, mailed applications must be postmarked by November 10, 2016.

New Participants

Note: New participants are unable to enroll online through TASC. All **new** participants **must** complete and submit a paper enrollment form.

To enroll in an HSA, new participants should:

- Complete the Retiree HSA Enrollment Form.
- Submit the completed Retiree HSA Enrollment Form to ETF via:
 - Email: ETFSMBESSRetireeHealthInsurance@etf.wi.gov
 - Fax: 1-608-261-8177 or 1-608-226-5535
 - Mail: PO Box 7931, Madison, WI 53707-7931

Current Participants

To re-enroll in an HSA, current participants should:

- Re-enroll with TASC Online.
 - See other side for instructions.
- Or complete and submit the Retiree HSA Enrollment Form.

Enrollment Eligibility

To enroll in an HSA, you must be enrolled in one of the It's Your Choice High-Deductible Health Plans. In addition:

- You must be under the age of 65.
- You cannot have any other health coverage that pays for out-of-pocket health care expenses before you meet your plan deductible, including Medicare A and B.
- You cannot be covered by TRICARE, or have accessed your Veterans Administration (VA) benefits in the past 90 days (to contribute to an HSA). Exceptions may apply. See HSA Participant Guide for more details.
- You cannot be claimed as a dependent on another person's tax return (unless it is your spouse).
- You (and your spouse) cannot have a Health Care Flexible Spending Account in the same year.
- **Note:** You must notify **ETF** of any other medical coverage, including Medicare, when enrolling in, and at any point while enrolled in, the HDHP and HSA.

Following Enrollment

Once you have enrolled in the HSA, TASC will send these items to you:

HSA Welcome Brochure

- The HSA Welcome Brochure will provide you with information on how to manage your HSA.
- Follow the instructions to set-up your TASC Online account.
- Use your online account to check your balance, make additional contributions, transfer funds to an investment account, or request a distribution.

TASC Card

- Your TASC Card allows you to conveniently pay for eligible medical expenses.
- Be sure to review the Cardholder Agreement affixed to the card.
- **Note:** If you are a current TASC participant, you will **not** be issued a new TASC Card. You will continue to use your current TASC Card.

Re-Enroll with TASC Online (Current TASC Participants Only)

- Determine desired annual contribution amount.
 - See the HSA Enrollment Brochure and/or the HSA Annual Expense Estimate Worksheet.
- Go to the **TASC Online** website:
<http://partners.tasconline.com/ETFEmployee>
 - Enter your current TASC username and password.
 - If you do not remember your username or password, click **Forgot Username or Password** and follow the reset steps provided.
- Once **logged in** to your TASC Online Account, click **Enroll Now**.
- Enter your **information**.
 - You will be required to enter your SSN.
 - We recommend adding your personal email address.
 - Click **Next**.
- If applicable, add your **dependent(s)**.
 - Enter the name(s) of your dependent(s).
 - Click **Add Dependent**.
 - Your dependent(s) will be displayed on the My Dependents list.
Click **Next**.
- Review your **eligibility** and the HSA Qualifications to ensure you are eligible for an HSA.
 - Click **Next**.
- Review the **plan rules**.
 - Check the **acknowledgement box** indicating that you have read the plan rules and agree to them.
 - Note:** You **must** do this for **every plan**, even for plans in which you are not enrolled.
- Review your **annual election amount**.
 - Enter your desired deduction per pay period.
 - It is your responsibility to ensure your contributions do not go beyond IRS maximum annual limits.
 - Note:** Contributions from all sources combined, such as employee, employer, and third parties (i.e., parent or spouse), must **not** exceed these limits.
- Review your **payment method**.
 - Select your preferred method to receive distributions and elect to get a TASC card.
 - If you elect direct deposit, you will need to enter your bank information.
 - Click **Next**.
- Add your **beneficiaries**.
 - Select your desired beneficiaries from your list of dependents to prefill their information.
 - Click **Add Beneficiary**.
- Accept the **Terms and Conditions**.
 - You **must** read and accept each agreement in order to activate your HSA.
 - Click **Next**.
- Verify, submit and print**.
 - Review all of your information.
 - If any changes are required, click **Edit Information**.
 - When you have verified that all information is correct, print the **Enrollment Confirmation** page for your records.
 - Click **Next**.
 - Click **Submit Enrollment**.

Enroll by Paper (New and Current TASC Participants)

- Request a paper Retiree HSA Enrollment Application from ETF, or download a copy from the TASC (<https://partners.tasconline.com/ETFEmployee>) or ETF (www.ETF.wi.gov) website.
- Complete the Retiree HSA Enrollment Application.
- Submit the completed Retiree HSA Enrollment Application to ETF via:
 - Email: ETFMBESSRetireeHealthInsurance@ETF.wi.gov
 - Fax: 1-608-261-8177 or 1-608-226-5535
 - Mail: PO Box 7931
Madison, WI 53707-7931

Account Maintenance Fee

Retirees are required to have an active state HSA if they are enrolled in an HDHP. Retirees are responsible for the \$3 per month account maintenance fee. Retirees must keep adequate funds in the account to cover the \$3 monthly fee. HSAs with zero balance for 90 days will be closed automatically. If the account is not active, you will no longer be eligible for the HDHP.

Identification Verification Failure Notification

Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an HSA. This process will occur automatically upon your enrollment. If your identity cannot be verified, you will be notified of the identity verification failure via secure email. The email notification will provide required actions to resolve the matter. If you receive this notification, please provide the requested information within 30 days (via email or fax). If you do not respond within 90 days, your HSA will be deactivated. To be eligible for a High-Deductible Health Plan (HDHP), you must be enrolled in an HSA. If your HSA is deactivated, you will no longer be eligible for an HDHP.



TASC Customer Care | Phone 844-786-3947 or 608-316-2408 | Email customer@tasconline.com

TASC complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-316-2408.
LUS CEEV: Yog tias koj hais lus Hmoob, oov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-877-533-5020 (TTY: 1-800-947-3529).



State of WI Retiree Enrollment Form

Items Included:

- Enrollment Form (p. 1)
- Privacy Policy (pp. 2-3)
- Terms, Conditions, and Signature – *optional checkbox and signature*
- Custodial Agreement and Disclosure Statement (pp. 6-17)
- Designation of Representative by Accountholder (pp. 17-20)

RETIREE INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____
 Employee ID# (if known): _____ Social Security Number: _____
 Date of Birth (mm/dd/yyyy): _____ Mother Maiden Name: _____
 Gender: Female Male Marital Status: Single Married
 Daytime Phone Number: _____ Email Address: _____
 Home Address (street): _____
 City: _____ State: _____ Zip Code: _____

Employer Name (select one): <input checked="" type="checkbox"/> Retiree Health Insurance Unit <input type="checkbox"/> Courts <input type="checkbox"/> Legislature <input type="checkbox"/> UW Hospitals & Clinics <input type="checkbox"/> UW <input type="checkbox"/> WEDC <input type="checkbox"/> WHEDA <input type="checkbox"/> Wiscraft Beyond Vision	Date of Hire:	
	Hours Worked per Week:	
	Payroll Frequency:	
	First Payroll Date:	
	Participant Plan Effective Date:	

ANNUAL ELECTIONS

I am enrolling in an HSA through my employer. I authorize my employer to deduct my HSA contributions from my pay and forward them to my HSA. (Please complete the section below.)

Note: Your employer may also make a contribution to your HSA that will apply to your maximum contribution allowed. You are solely responsible for determining whether contributions to an HSA exceed the maximum annual contribution limitation. You are also responsible for notifying the custodian of any excess contribution and requesting a withdrawal of the excess contribution together with any net income attributable to the excess contribution.

Indicate an annual employee election OR a pay period election.

Employee Annual Contribution	OR	Per Pay Period Contribution
\$ _____		\$ _____

Indicate HDHP Coverage Level: <input type="checkbox"/> Self-Only <input type="checkbox"/> Family/Other	Are you enrolled in an HDHP through your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Your contributions will be withdrawn from your pay in each pay period. If your employer maintains a Cafeteria Plan that permits HSA contributions, your contributions will be made with pre-tax dollars. You may also make contributions outside of your employment. If you would like to make a contribution immediately, please complete an *HSA Contribution Form* and submit that form with your payment.

Please Note: An optional check box appears on Page 6 and a signature is required on Page 3 & 7.

For enrollment assistance or questions: call toll-free 1-844-786-3947



I elect to participate and agree to be bound by the terms of the Plan.

I understand that:

- Health Savings Account (HSA) program is a benefit established for eligible state employees enrolled in one of the It's Your Choice High Deductible Health Plans. The HSA program is authorized under Internal Revenue Code Sections §125, §105, and §223 and Wisconsin Statutes §40.85-§40.875.
- A new enrollment must be completed each plan year. If I do not complete enrollment during Open Enrollment, I forfeit the opportunity to participate in the Health Savings Account benefit option.
- The contribution(s) I have elected will be made with pre-tax salary reductions and that such reductions reduce my compensation for Social Security benefit purposes.
- According to Wisconsin Statutes §40.87, participation in a Health Savings Account will not reduce my wages for calculating state retirement benefits. Also, my contributions in a Health Savings Account will not reduce my gross income for the purpose of calculating any other state benefits such as sick leave conversion credits, income continuation insurance, life insurance, deferred compensation, unemployment, or worker's compensation.
- Salary contributed into one account cannot be transferred and used for expenses in any other account.
- Contributing in a Health Savings Account is completely voluntary, and that payments from my Health Savings Account are independently reviewed for compliance with IRS regulations.
- Generally, contributions to the HSA account are made on a month-to-month rule basis depending on what coverage I am enrolled in under the It's Your Choice High Deductible Health Plan on the first day of the month. For each month that I am enrolled in individual coverage a total of \$283.33 a month can be contributed. For each month that I am enrolled in family coverage a total of \$562.50 a month can be contributed. If I change enrollment in the It's Your Choice High Deductible Health Plan during the plan year, I can change my contributions based on the month-to-month rule. For example, I am enrolled in individual coverage for 6 months of the year and for the other 6 months I have family coverage. My total contributions are: $(6 \times \$283.33) + (6 \times \$562.50)$ or $\$1700 + \$3375 = \$5075.00$.
- There is a limited exception to the month-to-month rule described above. This exception allows me to make the maximum annual contribution for the plan year based on my enrollment in the It's Your Choice High Deductible Health Plan on December 1st. Using the same 6 month example above, assume I change from individual to family coverage during the second half of the year. Under the month-to-month rule, I am limited to a maximum contribution of \$5075.00. Since I was enrolled in family coverage on December 1st, I can use the limited exception and can contribute the full family contribution amount of \$6750.00. **IMPORTANT NOTE:** In order to use this limited exception, I have to stay enrolled in the It's Your Choice High Deductible Health Plan at the same or higher level of coverage for the entire next plan year, called the 'testing period'. If I do not maintain this coverage, for instance I terminate employment or switch to a Non-High Deductible Health Plan the next plan year, then the excess funds contributed will be subject to a 10% excise tax.
- My eligible expenses must qualify as a medical deduction under Internal Revenue Service Publication 502.

I certify that:

- I am covered by one of the qualified It's Your Choice High Deductible Health Plan (HDHP), and that I am not covered by any other health insurance coverage. I certify that I have received a copy of the Application and Custodial Agreement and Disclosure Statement and amendments thereto. I assume sole responsibility for all consequences found in the Application and Custodial Agreement and Disclosure Statement. I understand that I may revoke the HSA on or before seven (7) days after the date of establishment. I have not received any tax or legal advice from the custodian, and I will seek the advice of my own tax or legal professional to ensure my compliance with related laws. I release and agree to hold the HSA custodian harmless against any and all claims or losses arising from my actions.
- I agree to have my compensation reduced by the contribution amount(s) I elected.
- That the information I have provided is complete and accurate to the best of my knowledge.
- I have reviewed and understand the benefits program eligibility and enrollment information and I agree to abide by all participation requirements.



Health Savings Account (HSA)

- That all dependents listed meet the eligibility requirements of the program.
- I shall not claim a federal income tax deduction or credit for any expenses that were reimbursed through my Health Savings Account.
- I will inform my human resource benefit office as soon as reasonably possible when I am no longer eligible to contribute to the HSA Account, for instance if I obtain other non-permitted coverage such as coverage under my spouse's plan, and I understand any contributions made for any month in which I am not an eligible individual will be subject to an excise tax, and that my Employer will deduct any contributions it made for such an ineligible month from my account.
- That my use of the Card will comply with the terms and conditions of the cardholder agreement received with the card.
- That all expenses charged on the Card will qualify as reimbursable per IRS rules, will be incurred only for me or my eligible dependents, and will not be reimbursed through any other means, including my or my dependent's insurance Plans.
- I will keep all receipts and other documentation related to expenses charged on the Card. Upon request, within forty-five (45) days, I will fax, mail, or upload the required documentation of expenses to the Third Party Administrator.
- I understand additional Cards issued to my spouse or dependent(s) will provide the named individual with access to my Health Savings Account. I accept all responsibility for Card transactions incurred by the named individual and will submit supporting documentation, as requested, for those transactions.
- I acknowledge and agree that use of the Card in violation of this enrollment agreement or the Cardholder agreement may result in the invalidation and forfeiture of the Card.

Signature _____ **Date** _____



Privacy Policy

Page 1

By executing this form, you acknowledge receipt of the Privacy Policy. You agree to receive future notices of any updates to the Privacy Policy at www.healthcarebank.com, and to review the Privacy Policy no less frequently than annually. See Privacy Policy below.

FACTS	WHAT DOES HEALTHCARE BANK, A DIVISION OF BELL STATE BANK & TRUST, DO WITH YOUR PERSONAL INFORMATION?	Rev. Sept 2013
Why?	Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, shares, and protect your personal information. Please read this notice carefully to understand what we do.	
What?	<p>The types of personal information we collect and share depend on the product or service you have with us. This information can include:</p> <ul style="list-style-type: none"> -Social Security number and account balances -Payment history and transaction history -Account transactions and checking account information <p>When you are <i>no longer</i> our customer, we continue to share your information as described in this notice.</p>	
How?	All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons Healthcare Bank, a division of Bell State Bank & Trust, chooses to share; and whether you can limit this sharing.	

Reasons we can share your personal information	Does Healthcare Bank, a division of Bell State Bank & Trust, share?	Can you limit this sharing?
For our everyday business purposes – such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
For our marketing purposes – to offer our products and services to you	Yes	No
For joint marketing with other financial companies	No	We don't share
For our affiliates' everyday business purposes – information about your transactions and experiences	No	We don't share
For our affiliates' everyday business purposes – information about your creditworthiness	No	We don't share
For non-affiliates to market to you	No	We don't share

Questions?	Call toll free 1-866-442-2472 option 1 or go to www.healthcarebank.com
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Privacy Policy

Who we are	
Who is providing this notice?	Healthcare Bank, a division of Bell State Bank & Trust

What we do	
How does Healthcare Bank, a division of Bell State Bank & Trust, protect my personal information?	<p>To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.</p> <p>We also maintain other physical, electronic and procedural safeguards to protect this information and we limit access to information to those employees for whom access is appropriate.</p>
How does Healthcare Bank, a division of Bell State Bank & Trust, collect my personal information?	<p>We collect your personal information, for example, when you</p> <ul style="list-style-type: none"> -open an account or apply for a loan -make deposits or withdrawals from your account -use your credit or debit card -seek advice about your investments <p>We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.</p>
Why can't I limit all sharing?	<p>Federal law gives you the right to limit only:</p> <ul style="list-style-type: none"> -sharing for affiliates' everyday business purposes – information about your creditworthiness -affiliates from using your information to market to you -sharing for non-affiliates to market to you <p>State laws and individual companies may give you additional rights to limit sharing.</p>

Definitions	
Affiliates	<p>Companies related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> -Our affiliates include financial companies such as State Bankshares, Inc. and nonfinancial companies, such as Discovery Benefits, Inc.
Non-Affiliates	<p>Companies not related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> -Healthcare Bank, a division of Bell State Bank & Trust, does not share with non-affiliates so they can market to you.
Joint Marketing	<p>A formal agreement between nonaffiliated financial companies that together market financial products or services to you.</p> <ul style="list-style-type: none"> -Healthcare Bank, a division of Bell State Bank & Trust, doesn't jointly market.



Terms, Conditions, and Signature

Important Information Regarding Patriot Act Requirements

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

Important Information about Electronic Payments

I authorize electronic debit and credit entries, if applicable, to my designated checking or savings account. I also authorize adjustments to these accounts for error corrections. This authorization will remain in effect until the termination of your HSA.

Important Information about your Account

The maximum balance allowed in my Cash Account is based on the designated threshold established by my TPA or me.

Important Information Regarding Death Beneficiary Information

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

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

Important Information Regarding My Account Summary

I understand that account summaries are made available electronically and may be viewed at any time by logging into my account at [eflexgroup.com]. The Healthcare Bank Privacy policy is available online at www.healthcarebank.com. For an additional fee, the HSA Administrator that I identify as my Designated Representative may send paper account summaries and paper copies of the Healthcare Bank Privacy Policy to my address by U.S. mail. I will check the box below if I also wish to receive paper account summaries and paper copies of the Healthcare Bank Privacy Policy by U.S. Mail.

I wish to receive paper account summaries and paper copies of the Healthcare Bank Privacy Policy by U.S. Mail. By electing this option I acknowledge that an additional fee may apply. The amount of the fee and frequency of the paper account summaries and paper copies of the Healthcare Bank Privacy Policy are set forth on the attached fee schedule. Paper account summaries are limited to current balances, contributions and distributions.

Important Information Regarding My HSA Investment Account

I understand that once I have accumulated the designated threshold in cash in my HSA as set forth by my TPA or myself in the Application, the balance of my account above the designated threshold will automatically be invested in an interest-bearing, FDIC-insured account. For purposes of this enrollment form, "Application" shall mean the 1Cloud by Evolution1® system available through a link provided by my TPA which provides me access to my HSA account information, Investment Account and is used to process my HSA transactions. I may also choose to change my allocation choices and select from the TPA's list of mutual funds for the investment of HSA assets in excess of the designated threshold. The HSA Investment Account is exclusively available online at [eflexgroup.com]. An email address must be included in enrollment or it will not be available. All investment transactions in the HSA Investment Account will be initiated and conducted electronically. All required disclosures of investment information and trade confirmations will be made electronically, and by opening an HSA Investment Account I consent to the electronic delivery/access of all documents of any issuer whose securities are made available to my HSA, including issuers and securities made available after the date my account is opened.

Important Information Regarding Substitute W-9 Certification

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



Terms, Conditions, and Signature

Important Information Regarding Fees

Any applicable fees shall be deducted from my account. Fees payable in connection with my HSA are set forth on the attached fee schedule.

Important Information Regarding Custodial and Investment Information

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

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

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

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

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

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

Signature of HSA Accountholder

Date

Michael S. Solberg

Authorized Signature of Healthcare Bank as Custodian



Custodial Agreement and Disclosure Statement

The Accountholder is establishing this Health Savings Account ("HSA") exclusively for the purpose of paying or reimbursing qualified medical expenses of the Accountholder, his or her spouse, and dependents. The Accountholder represents that, unless this account is used solely to make rollover contributions, he or she is eligible to contribute to this HSA; specifically, that he or she (i) is covered under a high deductible health plan (HDHP), (ii) is not also covered by any other health plan that is not an HDHP (with certain exceptions for plans providing preventive care and limited types of permitted insurance and permitted coverage), (iii) is not enrolled in Medicare, and (iv) cannot be claimed as a dependent on another person's tax return. Healthcare Bank, a division of Bell State Bank & Trust is the "Custodian" under this agreement and the Third Party Administrator ("TPA") is the "Designated Representative" and "HSA Administrator."

The Accountholder and the Custodian make the following agreement:

Article I.

The Custodian will accept cash contributions for the tax year made by the Accountholder or on behalf of the Accountholder (by an employer, family member or any other person). No contributions will be accepted by the Custodian for any Accountholder that exceeds the maximum amount for family coverage plus the catch-up contribution (for individuals who attain age fifty-five (55) before the close of the tax year).

Contributions for any tax year may be made at any time before the deadline for filing the Accountholder's federal income tax return for that year (without extensions).

Rollover or transfer contributions from an HSA, Individual Retirement Account, or an Archer Medical Savings account (Archer MSA) are permitted subject to applicable rules.

Article II.

Contributions to the Accountholder's HSA are subject to a maximum annual limit, based on whether the Accountholder has elected single or family coverage under the HDHP. For calendar year 2016, the maximum annual contribution limit for an Accountholder with single coverage is \$3,350. For calendar year 2016, the maximum annual contribution limit for an Accountholder with family coverage is \$6,750. These limits are subject to cost-of-living adjustments after 2016. Eligibility and contribution limits are determined on a month-to-month basis.

Contributions to Archer MSAs or other HSAs count toward the maximum annual contribution limit to this HSA.

An additional \$1,000 catch-up contribution may be made for an Accountholder who is at least age fifty-five (55) or older and not enrolled in Medicare.

Contributions in excess of the maximum annual contribution limit are subject to an excise tax. However, the catch-up contributions are not subject to an excise tax.

Article III.

It is the responsibility of the Accountholder to determine whether contributions to this HSA have exceeded the maximum annual contribution limit described in Article II. If contributions to this HSA or any combination of your HSAs exceed the maximum annual contribution limit, the Accountholder shall remove the excess contributions. It is the responsibility of the Accountholder to timely request the withdrawal of the excess contribution and any net income attributable to such excess contribution. Regardless of which year excess contributions were made, a withdrawal of excess contributions will be reported as having occurred in the tax year of such withdrawal.

Article IV.

The Accountholder's interest in the balance in this custodial account is nonforfeitable.

Article V.

No part of the custodial funds in this account may be invested in life insurance contracts or in collectibles as defined in Section 408(m) of the Internal Revenue Code (the "Code").

The assets of this account may not be commingled with other property, except in a common trust fund or common investment fund.

Neither the Accountholder nor the Custodian will engage in any prohibited transaction with respect to this account (such as borrowing or pledging the account or engaging in any other prohibited transaction as defined in the Code Section 4975).



Article VI.

Debit Card payments and distributions of funds from this HSA may be made upon the direction of the Accountholder.

Distributions from this HSA that are used exclusively to pay or reimburse qualified medical expenses of the Accountholder, his or her spouse, or dependents are tax free. However, distributions that are not used for qualified medical expenses are included in the Accountholder's gross income and are subject to an additional twenty percent (20%) tax on that amount. The additional twenty percent (20%) tax does not apply if the distribution is made after the Accountholder's death, disability, or reaching age sixty-five (65).

The Custodian is not required to determine whether the distribution is for the payment or reimbursement of qualified medical expenses. Only the Accountholder is responsible for substantiating that the distribution is for qualified medical expenses and must maintain records sufficient to show, if required, that the distribution is tax free.

Article VII.

If the Accountholder dies before the entire interest in the account is distributed, the entire account will be disposed of as follows:

1. If the beneficiary is the Accountholder's spouse, the HSA shall become the spouse's HSA as of the date of death.
2. If the beneficiary is not the Accountholder's spouse, the HSA shall cease to be an HSA as of the date of death. The fair market value of the account is taxable to the non-spouse primary beneficiary in the tax year that includes such date.
3. If the beneficiary is the Accountholder's estate or if there is no beneficiary, the fair market value of the account as of the date of death is taxable on the Accountholder's final personal income tax return.

Article VIII.

The Accountholder agrees to provide the Custodian with information necessary for the Custodian to prepare any reports or returns required by the IRS.

The Custodian agrees to prepare and submit any reports or returns as prescribed by the IRS.

Article IX.

Notwithstanding any other article that may be added or incorporated in this agreement, the provisions of Articles I through VIII and this sentence are controlling. Any additional article in this agreement that is inconsistent with the Code Section 223 will be void.

Article X.

This agreement will be amended from time to time to comply with the provisions of the Code or IRS published guidance. Other amendments may be made with the consent of the Accountholder. Your HSA is established with the Custodian on the date it is set up with the Custodian. If the initial account is established after the first of the month, the HSA is established the first of the following month. The Custodian makes no representation whether expenses incurred after the establishment date of an unfunded HSA may be reimbursed from contributions that are made on a later date.

Article XI

11.01 Definitions. In this part of the agreement, the words "you" and "your" shall mean Accountholder. The Accountholder is the person who establishes the custodian account. The words "we," "us" and "our" shall refer to the TPA and the Custodian.

11.02 Delegation of Responsibility. The Custodian has delegated responsibility for certain recordkeeping and administration to the TPA. The TPA shall receive and forward contributions to your HSA, and make distributions from your HSA. All of your questions, comments, and instructions should be directed to the TPA through its website or by other means made available to you through the TPA. You have appointed the TPA your Designated Representative to serve as HSA Administrator in the separate agreement titled "Designation of Representative by Accountholder."

When you provide instructions to the TPA regarding your HSA, the TPA will pass those instructions on to the Custodian, through the Application.

11.03 Notices and Change of Address. Any required notice regarding this HSA will be considered effective when sent to the intended recipient via e-mail or, at our discretion, via U.S. Mail to the last electronic or other mailing address maintained for you by the TPA in its records. Any notice to be given to the TPA or the Custodian will be considered effective when actually received. You or the intended recipient must notify the TPA if you change your e-mail address or other mailing address. In the event of your death, your spouse or account beneficiary must notify the TPA of any corresponding change in e-mail or other mailing address. Any notice you provide to the TPA or the Custodian will be considered effective when actually received.



11.04 Representations and Responsibilities. You represent and warrant that any information you provide us regarding your HSA with respect to this agreement is complete and accurate. Further, you agree that any directions you give the TPA or action you take will be proper under this agreement, and that we are entitled to rely upon any such information or directions. If we fail to receive directions from you regarding any transaction, or if we receive ambiguous directions regarding any transaction, or we in good faith believe that any transaction requested is in dispute, we reserve the right to take no action until further clarification acceptable to us is received from you or the appropriate government or judicial authority. We shall not be responsible in the event of any failure or interruption of services resulting from the act or omission of any third party service provider used to give such direction, and shall not be responsible for any losses. We shall not be responsible for losses of any kind that may result from your directions to us or your actions or failures to act, and you agree to reimburse us for any loss we may incur as a result of such directions, actions or failures to act. We shall not be responsible for any penalties, taxes, judgments or expenses you incur in connection with your HSA. We have no duty to determine whether your contributions or distributions comply with the Code, Treasury Regulations, IRS Rulings or this agreement. We have the right to require you to provide, on a form provided by or acceptable to us, proof or certification that you are eligible to contribute to this HSA, including, but not limited to, proof or certification that you are covered by a HDHP. In no event shall we be responsible to determine if contributions made by your employer to your HSA meet the requirements for comparable contributions, the rules of which are set forth in the Code and IRS published guidance.

You acknowledge that establishment of your HSA is completely voluntary on your part and that, to the best of your knowledge, your employer does not (i) limit your ability to move funds to another HSA beyond restrictions imposed by the Code; (ii) impose conditions on utilization of HSA funds beyond those permitted under the Code; (iii) make or influence the investment decisions with respect to funds contributed to an HSA; (iv) represent that the HSA is an employee welfare benefit plan established or maintained by the employer; or (v) receive any payment or compensation in connection with the HSA.

We may permit you to appoint, through written notice acceptable to us, an authorized agent (in addition to your Designated Representative) to act on your behalf with respect to this agreement (e.g., attorney-in fact, executor, administrator, investment manager); however, we have no duty to determine the validity of such appointment or any instrument appointing such authorized agent. We shall not be responsible for losses of any kind that may result from directions, actions or failures to act by your authorized agent, and you agree to reimburse us for any loss we may incur as a result of such directions, actions or failures to act by your authorized agent. You will have thirty (30) days after you receive any documents, account information or other information from us to notify us in writing of any errors or inaccuracies reflected in these documents, account information or other information. If you do not notify us within thirty (30) days, the documents, account information or other information shall be deemed correct and accurate, and we shall have no further liability or obligation for such documents, account information, other information or the transactions described therein.

By performing services under this agreement, we are acting as your agent. You acknowledge and agree that we are not providing services to you or your HSA as a fiduciary under the Employee Retirement Income Security Act of 1974 ("ERISA") Section 3(21), under any comparable and applicable provisions of state or local law, or under the Investment Advisor's Act of 1940, and nothing in this agreement shall be construed as conferring fiduciary status upon us. We shall not be required to perform any additional services unless specifically agreed to under the terms and conditions of this agreement, or as required under the Code and the applicable guidance with respect to HSAs. You agree to indemnify and hold us harmless for any and all claims, actions, proceedings, damages, judgments, liabilities, costs and expenses, including attorneys' fees, arising from or in connection with this agreement. To the extent written instructions or notices are required under this Agreement, we may accept or provide such information in any other forms permitted by law, including through electronic mediums.

11.05 Service Fees. The Custodian reserves the right to charge a periodic service fee or other designated fees (e.g., a transfer, rollover, investment management, or termination fee) for maintaining your HSA. In addition, the Custodian has the right to be reimbursed for all reasonable expenses, including legal expenses, it incurs in connection with the administration of your HSA. The Custodian has the right to charge a \$75.00 per hour fee when it is required to pull documentation on your behalf. The Custodian may charge you separately for any fees or expenses, or may deduct the amount of the fees or expenses from the assets in your HSA at its discretion. The Custodian reserves the right to charge any additional fee upon thirty (30) days' notice to you that the fee will be effective.

The TPA may charge a separate fee for administration and other services related to your HSA. You authorize the TPA to charge you separately for those fees, or to deduct the amount of the fees or expenses from the assets in your HSA. Your employer may also agree to pay these fees on your behalf. The amount of fees payable may be set forth in a separate fee schedule which may be part of your application.

To the extent that you direct investment of your HSA in mutual funds pursuant to Section 11.07, balances invested in those mutual funds are subject to investment fees and other charges and expenses as described by the applicable prospectuses. Any brokerage commissions attributable to the assets in your HSA will be charged to your HSA. You cannot reimburse your HSA for those commissions.



11.06 Definitions and How your HSA Operates.

1. "Application" shall mean the 1Cloud by Evolution1® system available through a link provided by your TPA which provides you access to your HSA account information, Investment Account and is used to process your HSA transactions.
2. "BIN Sponsor" shall mean the entity which initiates Debit Card settlement from the Distribution Account.
3. "Cash Account" shall mean an account, or accounts held for the benefit of the Accountholder into which HSA dollars are swept from the Contribution Account and held until swept into the Investment Account or Distribution Account. The Cash Account balance is utilized for authorizing distribution requests and purchases with a debit card.

Your HSA funds in the Cash Account will be separately accounted for, credited to your HSA balance, and insured by the Federal Deposit Insurance Corporation ("FDIC") up to \$250,000, or the maximum limit allowable by law pursuant to FDIC insurance coverage rules. If you currently have deposit accounts held at the Custodian, FDIC insurance will cover the total of your accounts up to \$250,000. For information about FDIC insurance coverage, see the "Your Insured Deposits" information at FDIC's website: <http://www.fdic.gov/deposit/deposits/insured/>. Funds invested in the Cash Account are used by the Custodian in its general banking business, which may generate income to the Custodian; such income is considered part of the fees for the Custodian's services.

1. "Cash Account Minimum Threshold" shall mean the amount in the Cash Account that triggers money movement from the Investment Account to the Cash Account.
2. "Cash Account to Investment Account Trigger" shall mean when the Cash Account balance exceeds the Investment Transfer Threshold by an amount equal to or more than the Minimum Auto-Sweep Amount, HSA dollars are auto-swept from the Cash Account to the Investment Account.
3. "Contribution Account" shall mean an account, or accounts, into which the Accountholder and employer contributions are deposited by the TPA, and from which HSA dollars are swept into the Cash Account.
4. "Debit Card" shall mean the card issued to the Accountholders to access funds in the Accountholder's HSA
5. "Default Portfolio" shall mean the standard offering of mutual funds, as chosen by the Custodian or as agreed upon by the Custodian and the TPA.
6. "Distribution Account" shall mean an account, or accounts, from which distributions, rollovers and transfers are made to the Accountholder, and into which HSA dollars are swept from the Cash Account.
7. "Investment Account" shall mean an account, or accounts, into which HSA dollars are swept from the Cash Account. Dollars swept into the Investment Account are initially invested in a FDIC-insured interest-bearing account on behalf of the Accountholder. The Accountholder has the ability to invest these dollars into a variety of investment funds.
8. "Investment Account to Cash Account Trigger" shall mean when the Cash Account balance falls below the Investment Transfer Threshold by an amount equal to or more than the Minimum Auto-Sweep Amount, investments are sold to bring the Cash Account back to the Investment Transfer Threshold. If it is necessary to liquidate one or more of your investments, the Custodian will follow the procedure in Section 11.17.
9. "Investment Transfer Threshold" shall mean the amount in the Cash Account that triggers money movement from the Cash Account to the Investment Account.
10. "Minimum Auto-Sweep Amount" shall mean minimum amount of money required to move HSA dollars between the Cash Account and the Investment Account once the applicable thresholds are met.

How your HSA Operates. The TPA will receive contributions (including rollovers, transfers, and mistaken distributions) from you and/or your employer and transfer them to the Contribution Account. Based on your account balances and instructions, the Custodian will move monies between accounts based on threshold and trigger amounts, as described below. The TPA will issue distributions (including rollovers, transfers, and mistaken contributions) to you from the Distribution Account or to the BIN Sponsor for Debit Card settlement.

The Custodian will transfer contributions from the Contribution Account into the Cash Account on a daily basis.



When your Cash Account balance meets or exceeds the Cash Account to Investment Account Trigger amount, the Custodian will transfer funds from the Cash Account to the Investment Account in an amount equal to or more than the Minimum Auto-Sweep Amount, and place these funds in an interest-bearing account and/or in such investment fund(s) as you elect.

When you request a distribution from your HSA that is less than the balance in your Cash Account, the Custodian will transfer the distribution amount from the Cash Account to the Distribution Account.

When you request a distribution from your HSA that is more than the balance in your the Cash Account, the Custodian will transfer sufficient funds from the Investment Account to the Cash Account to cover the amount of the distribution, and transfer the distribution amount to the Distribution Account.

If, for any reason, your Cash Account balance drops below the Investment Account to Cash Account Trigger amount, the Custodian will transfer such funds in an amount equal to or more than the Minimum Auto-Sweep Amount from the Investment Account to the Cash Account as needed to bring the Cash Account balance to the Investment Transfer Threshold. If it is necessary to liquidate one or more of your investments, the Custodian will follow the procedure in Section 11.17.

You have authorized electronic debit and credit entries, if applicable, to your designated checking or savings account. You have also authorized adjustments to these accounts for error corrections. This authorization will remain in effect until the termination of this agreement.

11.07 HSA Investment Options. HSA investment options include shares or participations of one or more investment companies as defined in the Investment Company Act of 1940, as amended (such funds are often referred to as “mutual funds”). Mutual funds made available as HSA investment options may include funds for which the Custodian serves as investment advisor, custodian, and/or distributor, and receives compensation for such services, as disclosed in the current prospectus for such mutual fund. The Custodian may also provide administrative, shareholder, or sub-transfer agency services, for other mutual funds that are available as HSA investment options, and the Custodian may receive compensation from third parties for those services, as disclosed in the current prospectus for such mutual fund or as disclosed by us from time to time. All dividends, including capital gain distributions, paid on mutual fund shares shall be reinvested in full and fractional shares of the mutual fund paying the distribution in the manner specified in the prospectus of the mutual fund. It will be your responsibility to exercise all conversion, subscription, voting and other rights pertaining to any securities held in your HSA, if applicable. You may invest in other investment vehicles (for example, stocks, bonds, savings accounts or other investment vehicles) only if the Custodian makes such investments available as investment options. Unless you make changes, your investment allocations will remain in effect and be applied to both current and future contributions to your account.

You have exclusive responsibility for and control over the investment of the assets in your Investment Account. All transactions shall be subject to any and all restrictions or limitations, direct or indirect, which are imposed by our charter, articles of incorporation, or bylaws; any and all applicable federal and state laws and regulations; the rules, regulations, customs and usages of any exchange, market or clearing house where the transaction is executed; our policies and practices; and this agreement. Neither the Custodian nor the TPA shall have discretion to direct any investment in your HSA. Neither the Custodian nor the TPA assumes any responsibility for rendering investment advice with respect to your HSA, nor will the Custodian or the TPA offer any opinion or judgment to you on matters concerning the value or suitability of any investment or proposed investment for your HSA. In the absence of instructions from you (as delivered to the Custodian through the Application), or if your instructions are not otherwise in a form acceptable to us, the Custodian shall have the right to hold these amounts in the interest-bearing account, and shall have no responsibility to invest these amounts in anything other than the interest-bearing account unless and until directed by you. Neither the Custodian nor the TPA will exercise the voting rights and other shareholder rights with respect to investments in your HSA. You will select the type of investment for your HSA assets, provided, however, that your selection of investments shall be limited to those types of investments that the Custodian is authorized by its charter, articles of incorporation or bylaws to make available and does in fact make available for investment in HSAs. The Custodian may, in its sole discretion, make available to you, additional investment offerings, which shall be limited to publicly traded securities, mutual funds, money market instruments and other investments that are obtainable by the Custodian and that it is capable of holding in the ordinary course of its business.

Mutual funds that are made available as HSA investment options may change from time to time. We will provide you with reasonable advance notice of such changes and give you the opportunity to change your investment allocations accordingly. If a mutual fund is eliminated as an HSA investment option and you do not instruct us to redirect your current investment balance, you hereby authorize and direct us to liquidate your HSA funds invested in the eliminated mutual fund and transfer those funds to an interest-bearing FDIC-insured account. If you have also not redirected your investment allocation as it relates to future contributions, future contributions that would have been allocated to the eliminated mutual fund will instead be invested in an interest-bearing FDIC-insured account. You may direct the Custodian to redeem any or all mutual fund shares held in your HSA and to invest the proceeds in any other available mutual funds, subject, however, to the applicable terms and conditions of the prospectus for each mutual fund involved.



You understand and acknowledge that some mutual funds (their managers, servicing agents, advisors, distributors or other affiliates) that may be held in the HSA may pay, directly or indirectly, as administrative expenses of the mutual fund, pursuant to a written plan described in Securities and Exchange Commission Rule 12b-1, or in another manner, fees or other compensation to the Custodian or its affiliates in recognition of shareholder services and recordkeeping services provided ("12b-1 fees"). The Custodian will allocate 12b-1 fees to your HSA based on your holdings in each mutual fund. The Accountholder acknowledges 12b-1 fees or other compensation are described in the prospectus or other disclosure materials made available to the Accountholder, and that administrative and management fees hereunder would otherwise be higher if 12b-1 fees were not payable to the Custodian or its affiliates. The 12b-1 fees are remitted by the mutual fund companies on a random basis during the year. The 12b-1 fees received during each calendar quarter will be allocated to your HSA by the end of each quarter as additional earnings.

The Accountholder agrees that the Custodian will on a quarterly basis deduct a management fee from your HSA equal to one-quarter of one-quarter of one percent (.0625%) per quarter or equal to an annual fee of one-quarter of one percent (.25%) on balances invested in mutual funds in your Investment Account. All or a portion of the management fees will be offset by the amount of 12b-1 fees received.

Different fees and rebate structures may apply to Accountholders with investment alternatives other than the Default Portfolio.

Some mutual funds may charge a redemption fee. Redemption fees, if any, will be charged to your Investment Account. You cannot reimburse your HSA for redemption fees. For further information on redemption fees, please see the mutual fund prospectus.

You understand that the value of your HSA and the growth in value of the HSA are dependent solely on the performance of the investment options you select. You acknowledge that investment options available under this HSA such as mutual funds and other securities (but not the Cash Account) are not insured by FDIC or other agency, are not guaranteed by the Custodian or any affiliate of the Custodian, TPA, or your employer, and may lose value. You also acknowledge that past investment performance is not a guarantee of future investment results with respect to an investment option and that you will review investment information about the investment options before investing. You should seek the assistance of a financial professional to address any questions or concerns you may have about your investment options and the selection of investments for your HSA.

11.08 Investment Account. The Investment Account is only available online through the Application. Accordingly, all investment transactions in the Investment Account must be initiated and conducted through the Application. Your investment in the HSA investment options may constitute the purchase of securities. As a holder of securities, you may be entitled to receive certain documents, including but not limited to prospectuses and proxies. Any securities-related documents required to be transmitted to you as a result of your investment in the HSA investment options will be transmitted to you electronically through the Application. As a condition to opening an Investment Account, you will be required to consent to the electronic delivery of all documents of any issuer whose securities are made available to your HSA, including issuers and securities made available after the date your account is opened. If you become unable to access the Application, or if you revoke your consent to electronic disclosure of investment information, you must contact your TPA immediately. At that time you will be given the option to terminate your account (and, if you choose, roll it over to another provider), or to liquidate your investment in the investment options and hold your HSA entirely in the Cash Account.

11.09 Account Information. Records of your HSA contributions, distributions, investment activity, earnings and balances will be made available exclusively through the Application. Before being granted online access to your HSA records, it will be necessary to enter a personal identification number ("PIN"), user ID and/or enhanced online security feature that you will receive prior to logging into the Application.

By executing this HSA Custodial Agreement and Disclosure Statement, you agree that all account information from the Custodian shall be made available exclusively in electronic form. Account information may be viewed at any time by logging into the Application. Any notices related to your HSA will be posted on the Application, or at our discretion, provided either by e-mail to the e-mail address we have on file for you, or by U.S. Mail to your mailing address we have on file for you. For an additional fee, if applicable, the TPA will send paper account information to your address by U.S. mail. You are responsible to advise the TPA in writing of any change to either your e-mail or mailing address.

Account information, notices and communications will be accessible in a form you can view, save to your computer or print as paper copies. A link will be provided to any software necessary to view, print, and/or save your HSA account information.



The Application will have information about your account balance, contributions, distributions, and recent amendments to your Custodial Agreement and Disclosure Statement and Designation of Representative by Accountholder readily available for review. The Application will provide a link or links to other websites for you to obtain specific information about your investments, including prospectuses. It may be necessary for you to establish a separate PIN, user ID and/or enhanced online security feature for this purpose and complete additional forms.

You agree to check the Application no less frequently than monthly to view your HSA account activity and other communications and information. You are responsible for keeping your HSA, PIN user ID and/or enhanced online security feature confidential, and we are not responsible for any other person's use of your PIN, user ID and/or enhanced online security feature.

11.10 Earnings on HSA Funds. In connection with the investment, contribution and distribution of funds in the ordinary course of our duties, we are authorized to deposit cash in checking or other disbursement accounts in our name or in the name of an affiliate. Until such time that a check is presented for payment, the TPA (or an affiliate) will receive an earnings credit that is calculated using a tiered rate which is based on the 91-day Treasury Bill index (after a ten percent (10%) reserve requirement). Any such earnings credit received by the TPA on HSA funds held in the contribution or distribution accounts, and any revenue earned by the Custodian from the use of funds deposited in the Cash Account, shall be part of our compensation for servicing this HSA, and you acknowledge and understand that fees otherwise charged by us for services under this agreement would be higher if we did not earn interest on HSA funds we deposit in accounts to accommodate HSA contributions or distributions or did not earn revenues from HSA funds deposited in the Cash Account. If a check drawn on the Distribution Account is not presented for payment within a maximum of one hundred eighty (180) days of the date it was written, the check shall be deemed invalid and the funds will be transferred from the Distribution Account back to your Cash Account as soon as reasonably practicable. After the maximum number of days has passed, you may contact the TPA to request a replacement check.

11.11 Custodian Powers. The Custodian may register securities in its name or in the name of its nominee without disclosing that such securities are held as custodian or as nominee. Except as expressly provided otherwise in this agreement, the Custodian shall have all of the powers generally conferred on custodians under the laws of the State of North Dakota. Additionally, the Custodian shall also have the power to perform any and all acts that it deems necessary or appropriate for the proper custodial servicing of your HSA. The Custodian may adjust the balance of your HSA as necessary to correct administrative errors, including improperly allocated contributions, distributions, earnings or losses. In the event a check or other instrument is returned for insufficient funds, any corresponding contributions to your HSA are also subject to adjustment by the Custodian.

11.12 Beneficiary(ies). If you die before you receive all of the funds from this HSA, payments from your HSA will be made to your death beneficiary(ies). You may designate one (1) or more persons or entities as death beneficiary of your HSA. This designation can only be made through the Application or on a form provided by or acceptable to us, and it will only be effective when it is filed with the TPA during your lifetime. Unless otherwise specified, each death beneficiary designation you file with the TPA will cancel all previous ones. The consent of a death beneficiary(ies) shall not be required for you to revoke a death beneficiary designation. If you have designated both primary and contingent death beneficiaries and no primary death beneficiary(ies) survives you, the contingent death beneficiary(ies) shall acquire the designated share of your HSA. If you do not designate a death beneficiary, or if all of your primary and contingent death beneficiary(ies) predecease you, your estate will be the death beneficiary.

You understand that if you designate your spouse as primary death beneficiary or contingent death beneficiary of this HSA, the dissolution, termination, annulment or other legal termination of your marriage will automatically revoke all beneficiary designations, both primary and contingent. After such revocation and until such time as a new beneficiary designation is completed, the HSA shall be treated as if there is no beneficiary designated.

Based on the above, if your spouse acquires the interest in this HSA by reason of being the death beneficiary at your death, this HSA shall be treated as if the surviving spouse were the Accountholder. If the death beneficiary is not your spouse, the HSA (or in accordance with rules established by the IRS the relevant portion thereof) will cease to be an HSA as of the date of death. Upon learning of the Accountholder's death, we may, in our complete and sole discretion, make a final distribution to a death beneficiary (other than the Accountholder's spouse) of his or her interest in the HSA. This distribution may be made without the death beneficiary's consent and may be placed in an interest-bearing (or similar) account that we choose.

11.13 Termination of Agreement, Resignation, or Removal of the Custodian. You may terminate this agreement at any time by giving written notice to the TPA. If this agreement is terminated by you, the Custodian may charge to your HSA an amount of money necessary to cover any associated costs pertaining to terminating this agreement.



The Custodian may resign at any time effective thirty (30) days after it mails written notice of its resignation to you. Upon receipt of that notice, you must make arrangements to transfer your HSA to another financial organization. If you do not complete a transfer of your HSA within thirty (30) days from the date the Custodian mails the notice to you, the Custodian has the right to transfer your HSA assets to a qualified successor HSA custodian or trustee that it chooses in its sole discretion, or it may pay your HSA to you in a single sum. The Custodian shall not be liable for any actions or failures to act on the part of any successor custodian or trustee, nor for any tax consequences you may incur that result from the transfer or distribution of your assets pursuant to this section.

11.14 Successor Trustee or Custodian. If the Custodian changes its name, reorganizes, merges with another organization (or comes under the control of any federal or state agency), or if the entire organization (or any portion which includes your HSA) is bought by another organization, that organization (or agency) shall automatically become the trustee or custodian of your HSA, but only if it is the type of organization authorized to serve as an HSA trustee or custodian. If the organization is not the type of organization authorized by law to serve as an HSA trustee or custodian, then you must make arrangements to transfer your HSA to another financial organization. If you do not complete a transfer of your HSA within thirty (30) days from the date the Custodian mails the notice to you, the Custodian has the right to transfer your HSA assets to a successor HSA custodian or trustee that it chooses in its sole discretion, or it may pay your HSA to you in a single sum.

11.15 Amendments. The Custodian has the right to amend this agreement at any time. Any amendment the Custodian makes to comply with federal or state law does not require your consent. You will be deemed to have consented to any other amendment unless, within thirty (30) days from the date of notice of the amendment, you notify the TPA in writing that you do not consent.

11.16 Distributions. All requests for distributions or direct transfer to another HSA shall be made via electronic transfer, debit card, or on a form made available through the Application or the TPA and acceptable to the Custodian. No distributions of in-kind transfers shall be permitted, except at the Custodian's discretion. The Social Security Number or tax identification number of the recipient must be provided to the Custodian before it is obligated to make a distribution. Distributions shall be subject to all applicable tax and other laws and regulations, including possible early distribution penalties or surrender charges and withholding requirements.

You agree not to withdraw or attempt to withdraw amounts in excess of the balance of the HSA. In the event that an overdraft occurs, you will immediately contribute an amount to the HSA equal to the amount of the overdraft and any outstanding fees assessed against the HSA, including any overdraft fees. Such contributions made by you to the HSA shall be applied, first, to any outstanding fees (including overdraft fees) payable to the Custodian and/or the TPA, and second, to the negative balance of the HSA. Until you contribute the necessary funds to have the account become positive, all account activity shall be suspended. If after ninety (90) days you have not contributed the above required amounts, then you agree to be subject to any and all collection actions needed to recover such amounts and the account shall be closed.

The Custodian may allow the return of mistaken distributions provided there is clear and convincing evidence that the amount(s) distributed from the HSA was because of a mistake of fact due to reasonable cause. In determining whether this standard has been met, the Custodian shall have the ability to rely on your representation that the distribution was, in fact, a mistake. The Custodian may not permit return of mistaken distributions that relate to a calendar year after December 31st of that year.

In no event shall we restrict or limit HSA distributions to the payment or reimbursement of your qualified medical expenses. However, we may, on a case-by-case basis or as a matter of policy, place reasonable restrictions on both the frequency and the minimum amount of distributions from the HSA.

11.17 Liquidation of Assets. The Custodian has the right to liquidate assets in your HSA if necessary to make distributions or to pay fees, expenses, taxes, penalties or surrender charges properly chargeable against your HSA. The Custodian will liquidate your investments in the same proportion as your investment holdings, and you agree not to hold us liable for any adverse consequences that may result from our decision to liquidate investments in this order. You understand that you might not receive the total amount of your requested distribution due to market fluctuations during the time period for processing your distribution request.

11.18 What Law Applies. This agreement is subject to all applicable federal and state laws and regulations. If it is necessary to apply any state law to interpret and administer this agreement, the laws of the State of North Dakota shall govern. If any part of this agreement is held to be illegal or invalid, the remaining parts shall not be affected. Neither you nor our failure to enforce at any time or for any period of time any of the provisions of this agreement shall be construed as a waiver of such provisions, or your right or our right thereafter to enforce each and every such provision.



11.19 Disclaimers. The HSA established by this agreement is intended not to constitute an “employee welfare benefit plan” or an “employee pension benefit plan” as defined by ERISA. Regardless of the status of the HSA under ERISA, we are not an “employer” or “plan sponsor” of the HSA or of any arrangement or plan of which the HSA is a part. We expressly disclaim responsibility for ERISA’s participation, vesting, funding, reporting, disclosure, and fiduciary requirements as they may apply to your HSA, including but not limited to any requirement to provide notices or election forms regarding continuation coverage under ERISA. If and to the extent that the HSA is deemed to be part of an arrangement or plan subject to ERISA, including any determination that the HSA is subject to ERISA’s continuation coverage requirements, this agreement may be amended or terminated at our sole discretion as of the effective date of such determination or on such later date, as we deem appropriate.

We will maintain all confidential information in accordance with all applicable banking laws and regulations. The HSA established by this agreement, however, is not intended to be a “health plan” as defined by final regulations interpreting the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”). Regardless of the status of the HSA under HIPAA Privacy Rules, we are not a “plan administrator” or “plan sponsor.” We expressly disclaim responsibility for the duties imposed upon “covered entities” under HIPAA Privacy Rules, except as may be agreed upon pursuant to a business associate agreement between us and a covered entity or any third party subject to the HIPAA Privacy Rules. If and to the extent that we are determined to be responsible for HIPAA compliance beyond the duties assumed pursuant to a business associate agreement, this agreement may be amended or terminated at our sole discretion as of the effective date of such determination or such later date, as we deem appropriate.

HSAs are personal health savings vehicles rather than group employee benefits. Although with respect to this HSA, your employer may have agreed to forward contributions through its payroll system to the Custodian, either directly or through the TPA, you are not restricted from moving funds to another HSA custodian or trustee (but your employer is not required to forward payroll contributions to another HSA provider).

Some states and localities may have tax laws that are different from the federal laws for HSAs. You should consult with your tax or legal advisor with questions about state and local laws that may affect your HSA.

11.20 Disclosure Statement.

1. Requirements of an HSA.

- a. **Cash Contributions.** Regular or annual HSA contributions must be in cash, which may include a check, money order, ACH or wire transfer. It is within the Custodian’s discretion to accept in-kind contributions for rollovers or transfers.
- b. **Maximum Contribution.** Except as provided in paragraph d. below, the total amount that may be contributed to your HSA for any taxable year is the sum of the limits determined separately for each month. The determination for each month is based on whether, as of the first (1st) day of such month, you are eligible to contribute and whether you have individual or family coverage under a HDHP. The maximum monthly contribution is adjusted each year for cost-of-living increases. In addition, if you have attained age fifty-five (55) before the close of the taxable year, and are not enrolled in Medicare, the contribution limit is increased on a monthly basis by an additional amount not to exceed \$1,000. The annual limit is decreased by aggregate contributions to another HSA or to an Archer MSA.
- c. **Contribution Eligibility.** You are an eligible individual for any month if you (i) are covered under an HDHP on the first day of such month; (ii) are not also covered by any other health plan that is not an HDHP and that provides coverage for any benefit covered under the HDHP (with limited exceptions such as a Limited Purpose Health Flexible Spending Account); (iii) are not enrolled in Medicare; and (iv) are not claimed as a dependent on another person’s tax return.

In general, an HDHP is a health plan that satisfies certain requirements with respect to deductibles and out-of-pocket expenses, as adjusted for inflation. For calendar year 2016, for self-only coverage, an HDHP has an annual deductible of at least \$1,300 and the sum of the annual out-of-pocket expenses required to be paid (deductibles, co-payments and amounts other than premiums) cannot exceed \$6,550. For calendar year 2016, for family coverage, an HDHP has an annual deductible of at least \$2,600 and the sum of the annual out-of-pocket expenses cannot exceed \$13,100. All of these dollar amounts are adjusted for cost-of-living increases annually.

- d. **HSAs Established Mid-Year.** If you are an eligible individual during the last month of the taxable year, you will be treated as (i) as having been an eligible individual during each of the months in such taxable year, and (ii) as having been enrolled, during each of the months you are treated as an eligible individual solely by reason of item (i) above, in the same high deductible health plan in which you are enrolled for the last month of such taxable year.



Under these circumstances, and subject to the requirement that you remain an eligible individual during the testing period, you may contribute the maximum amount to your HSA as though you were an eligible individual throughout the entire taxable year. The “testing period” means the period beginning with the last month of the taxable year referred to above, and ending on the last day of the twelfth (12th) month following such month.

If at any time during the testing period you cease to be an eligible individual, then your gross income in the taxable year in which you cease to be an eligible individual will be increased by the amount of all contributions to your HSA which could not have been made but for the rule above in this paragraph d., and you may be required to pay a penalty tax equal to twenty percent (20%) of the amount of such increase. These amounts will not be included in gross income or subject to the twenty percent (20%) penalty tax if you cease to be an eligible individual because of death or because you become disabled (within the meaning of Section 72(m) of the Code).

- e. **Nonforfeitable.** Your interest in your HSA is nonforfeitable.
- f. **Eligible Custodians.** The custodian of your HSA must be a bank, savings and loan association, credit union, or a person approved by the IRS.
- g. **Commingling Assets.** The assets of your HSA cannot be commingled with other property, except in a common trust fund or common investment fund.
- h. **Life Insurance.** No portion of your HSA may be invested in life insurance contracts.

2. Income Tax Consequences of Establishing an HSA.

- a. **Tax Treatment of HSA Contributions.** If you are eligible to contribute to an HSA for any month during the taxable year, amounts contributed to your HSA are deductible in determining adjusted gross income up to the maximum contribution limits discussed above. The deduction is allowed regardless of whether you itemize deductions. Employer contributions to your HSA are excludable from your gross income and you cannot deduct such amounts on your tax return as HSA contributions.
- b. **Tax-Deferred Earnings.** The investment earnings of your HSA are not subject to federal income tax until distributions are made (or, in certain instances, when distributions are deemed to be made).
- c. **Taxation of Distributions.** The taxation of HSA distributions depends on whether the distribution is for a qualified medical expense. Generally, distributions paid due to qualified medical expenses are excluded from your gross income. Qualified medical expenses are amounts you pay for medical care (as defined in the Code Section 213(d)) for yourself, your spouse and your dependents (as defined in the Code Section 152), but only to the extent that such amounts are not covered by insurance or otherwise. Distributions made for purposes other than qualified medical expenses are included in your gross income and are subject to an additional twenty percent (20%) tax on the includable amount.
- d. **Rollovers and Transfers.** Your HSA may be rolled over to another HSA of yours, or may receive rollover contributions, provided that all of the applicable rollover rules are followed. Rollover is a term used to describe a tax free movement of cash or other property between any of your HSAs or other tax favored accounts. The rollover rules are generally summarized below. These transactions are often complex. If you have any questions regarding a rollover, please see your tax advisor.

Funds distributed from your HSA may be rolled over to another HSA that you own if the requirements of the Code Section 223(f)(5) are met. A proper HSA to HSA rollover is completed if all or part of the distribution is rolled over not later than sixty (60) days after the distribution is received. You may not have completed another HSA to HSA rollover from the distributing HSA during the twelve (12) months preceding the date you received the distribution. Further, you may roll over the same dollars or assets only once every twelve (12) months. Finally, current IRS-published guidance indicates that you may make only one rollover contribution to an HSA during a one (1) year period.

Funds distributed from your Archer MSA may be rolled over to your HSA. A proper MSA to HSA rollover is completed if all or part of the distribution is rolled over not later than sixty (60) days after the distribution is received. Rollovers from an IRA to an HSA are also permitted subject to the requirements and limitation under the Tax Relief and Health Care Act of 2006 and IRS guidance issued thereunder.

At the time you make a proper rollover to an HSA, you must designate to the Custodian, in writing, your election to treat that contribution as a rollover. Once made, the rollover election is irrevocable.

- e. **Carryback Contributions.** A contribution is deemed to have been made on the last day of the preceding taxable year if you make a contribution by the deadline for filing your income tax return (not including extensions), and you designate that contribution as a contribution for the preceding taxable year.



For example, if you are a calendar year taxpayer and you make your HSA contribution on or before April 15th, your contribution is considered to have been made for the previous tax year if you designated it as such.

3. Limitations and Restrictions.

- a. **Deduction of Rollovers and Transfers.** A deduction is not allowed for rollover or transfer contributions.
- b. **Prohibited Transactions.** If you or your death beneficiary engage in a prohibited transaction with your HSA, as described in Code Section 4975, your HSA will lose its tax-exempt status and you must include the value of your account in your gross income for that taxable year and pay all applicable taxes and penalties.
- c. **Pledging.** If you pledge any portion of your HSA as collateral for a loan, the amount so pledged will be treated as a distribution and will be included in your gross income for that year and may be subject to the additional twenty percent (20%) tax.

4. Federal Tax Penalties.

- a. **Twenty Percent (20%) Penalty.** If you receive a distribution that is included in your gross income, you are subject to an additional tax of twenty percent (20%). This additional twenty percent (20%) tax will apply unless a distribution is made on account of (i) attainment of age sixty-five (65) (or, if different, the age specified under Section 1811 of the Social Security Act), (ii) death, or (iii) disability.
- b. **Excess Contribution Penalty.** An excise tax of six percent (6%) is imposed upon any excess contribution you make to your HSA. This tax will apply each year in which an excess remains in your HSA. An excess contribution is any contribution amount which exceeds your contribution limit, excluding rollover and direct transfer amounts.

5. Other.

- a. **Important Information about Procedures for Opening and Maintaining your Account.** To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial organizations to obtain, verify, and record information that identifies each individual who opens an account. What this means for you, when you open an account, you are required to provide your name, residential address, date of birth, and identification number. As part of the ongoing maintenance of your account we may require other information or documentation that allows us to identify you. You understand that your HSA may be closed if additional verification is not possible. Upon such closure, funds deposited in your HSA will be returned to you, less any fees or expenses chargeable against your HSA, or penalties or surrender charges associated with the early withdrawal of any savings instrument or other investment in your HSA account. The Custodian shall not be liable for any tax consequences or tax withholdings you may incur as a result of the transfer or distribution of your assets.
- b. **Force Majeure.** We will be released without any liability on our part from the performance of our obligations hereunder, to the extent our performance is prevented by the event of Force Majeure. Force Majeure will mean any event or condition not reasonably within our control which prevents in whole or in material part, the performance by us of our obligations hereunder or which renders the performance of such obligations so difficult or costly as to make such performance commercially unreasonable.

We shall not be liable for failure to perform or delay in performance of any of our obligations under this agreement to the extent that such failure or delay results from any act of God, including but not limited to a blizzard, flood, tornado or any other adverse weather conditions; military operation; terrorist attack; widespread and prolonged loss of use of the internet or the world wide web, national emergency; civil commotion; or the order of any government agency or acting government authority or any other cause beyond our reasonable control whether similar or dissimilar to the foregoing causes.

- c. **Sweep Disclosure Notification.** As set forth under this agreement, you may make contributions to your HSA. Based on the value of your HSA and certain threshold and trigger amounts defined under this agreement, funds may be moved between your Cash Account and Investment Account. These funds may either be in a deposit account at the Custodian or an Investment Account at an outside investment company, at your direction.

If you direct that the funds be in a deposit account at the Custodian, then these funds will be insured by the FDIC to the extent of the deposit insurance limits. In the event of the failure of the Custodian, you will be a secured creditor of the Custodian to the extent of the FDIC deposit insurance limits. If the funds are in excess of the FDIC deposit insurance limits, you will be an unsecured creditor with respect to the excess.

If you direct that the funds be at an outside investment company, then these funds are not considered a deposit account of the Custodian and are not FDIC insured.



Health Savings Account (HSA)

In the event of the failure of the Custodian, these funds will remain your separate funds at the outside investment company and are subject to the provisions of the outside investment company.

By executing this agreement, you acknowledge receipt of the Sweep Disclosure Notification and agree to receive future notices of any updates to the Sweep Disclosure Notification at www.healthcarebank.com, and to review the Sweep Disclosure Notification no less frequently than annually.

- d. **Custodian Information.** Healthcare Bank, 3100 13th Ave SW, Fargo, ND 58103. Healthcare Bank is a division of Bell State Bank & Trust, a wholly owned subsidiary of State Bankshares, Inc.

Designation of Representative by Accountholder

The Health Savings Account ("HSA") Accountholder named on the Healthcare Bank Custodial Agreement and Disclosure Statement ("Accountholder") hereby appoints, designates, and authorizes TASC ("TPA") to serve as its Designated Representative and HSA Administrator. The TPA hereby accepts the appointment by the Accountholder, subject to the terms and conditions set forth below.

1. **Designated Representative.** In its role as Designated Representative, the TPA will serve as primary liaison between the Accountholder and Healthcare Bank ("Custodian"). The TPA will not provide any services to the Accountholder or the Accountholder's HSA as a fiduciary under Section 3(21) of ERISA, under any comparable and applicable provisions of state or local law, or under the Investment Advisor's Act of 1940.
2. **Investments.** All investment transactions, including all communications and instructions, must be completed by the Accountholder through the investment portal ("Investment Portal") available through the 1Cloud by Evolution1® system ("Application") made available to the Accountholder by the TPA. The communications and instructions may include instructions to place orders for the purchase and sale of mutual funds or other investments made available through the Custodian. The Accountholder hereby authorizes and directs the Custodian to accept such investment instructions from the Investment Portal and the Application, to pay for mutual fund share purchases from the Accountholder's HSA, and to receive payment from the sale of mutual fund shares into the Accountholder's HSA. The Accountholder and the TPA agree to the following:
 - a. No investment transaction for the Accountholder's HSA to be processed by the Custodian at the direction of the Accountholder will be processed until the Custodian receives the funds to be invested and the instruction in proper form. Investment transactions will be processed either as soon as administratively practicable thereafter or, if later, on the scheduled date for processing. The Custodian may rely conclusively on all instructions given through the Investment Portal and the Application that the Custodian believes to be genuine. In the absence of proper investment instructions, the Custodian will not be liable for interest, market gains or losses in the HSA. The Custodian is not a guarantor of timely processing with respect to the Accountholder or TPA.
 - b. The Accountholder agrees that the Custodian may rely on instructions from the Investment Portal and the Application, and the Accountholder agrees that the Custodian shall be under no duty to make an investigation with respect to any such instructions. However, each direction is contingent upon the determination by the Custodian that the instruction can be administered by the Custodian.
 - c. The Accountholder is solely responsible for managing the investments of the Accountholder's HSA and for communicating investment instructions through the Investment Portal on the Application. All instructions, directions, and/or confirmations received by the Custodian from the Investment Portal and the Application shall be deemed to have been authorized by the Accountholder.
 - d. The Accountholder understands and agrees the Custodian will hold only those mutual funds or other investments agreed to by the Custodian.
 - e. The Custodian may delay the processing of any investment transaction due to a Force Majeure, government or National Securities Clearing Corporation ("NSCC") restrictions or changes, exchange, market or NSCC rulings, strikes, interruptions of communications or data processing services, or disruptions in orderly trading on any exchange or market.
 - f. "Force Majeure" means a cause or event outside the reasonable control of the parties or that could not be avoided by the exercise of due care, such as an act of God, including but not limited to a blizzard, flood, tornado or any other adverse weather conditions, or a significant mechanical, electronic or communications failure.
 - g. The Accountholder agrees that the TPA is not an agent of the Custodian except with respect to HSA contributions transmitted from the TPA to the Custodian.



3. **HSA Administrator.** In its role as HSA Administrator, the TPA will assume recordkeeping and nondiscretionary administrative duties on behalf of the Custodian, for the benefit of both the Custodian and the Accountholder. The TPA will not provide any services to an Accountholder or an Accountholder's HSA as a fiduciary under Section 3(21) of ERISA, under any comparable and applicable provisions of state or local law, or under the Investment Advisor's Act of 1940. The TPA agrees to assume the following specific duties and responsibilities:

- a. Receive and forward contributions from the Accountholder and Accountholder's employer.
- b. Receive and transmit investment instructions and other information to the Custodian through the Application.
- c. Pay distributions to or for the benefit of the Accountholder.
- d. Maintain all necessary information on the Application for the Custodian to prepare required returns, reports, or other documents to the applicable taxing authorities, including IRS Forms 5498-SA and 1099-SA.
- e. Provide access to the Accountholder through the use of the Application to permit the Accountholder to initiate transactions and access information on HSA balances and investments.
- f. Forward requests to the appropriate mutual fund provider if necessary for prospectuses, financial statements, reports, or any other material related to mutual funds to the extent such information is not made available electronically through the Application.
- g. Produce electronic account information to the Accountholder through the Application, or by paper if requested by the Accountholder, showing the assets of the HSA and records of contributions, distributions, and other transactions.
- h. Perform other reasonable services requested by the Custodian and the Accountholder.

4. **Removal of the Designated Representative and the HSA Administrator.** The Accountholder may remove the TPA as the Designated Representative or the HSA Administrator by closing their HSA with the Custodian.

5. **Compensation to the TPA from the Custodian.** As compensation for assuming recordkeeping and administrative duties on behalf of the Custodian, and pursuant to the terms of a separate agreement between the Custodian and the TPA, as follows:

- a. If the Fed Funds Rate on the last Business Day of the month is equal to or greater than two and one-half percent (2.5%) per annum, then the Custodian shall pay to the TPA an amount equal to one percent (1%) per annum of HSA assets held in the Cash Account, up to a maximum Cash Account balance of \$2,000 per Accountholder.
- b. If the Fed Funds Rate on the last Business Day of the month is less than two and one-half percent (2.5%) per annum, then the amount the Custodian shall pay to the TPA may be reduced, in the sole and exclusive discretion of the Custodian, below the one percent (1%) per annum of the HSA assets held in the Cash Account, up to a maximum Cash Account balance of \$2,000 per Accountholder or eliminated in total.
 - I. If the Custodian, in their sole and exclusive discretion, does pay compensation to the TPA when the Fed Funds Rate is less than two and one-half percent (2.5%); such payment shall not result in any future obligation of the Custodian to the TPA or be considered as an amendment or modification of this agreement.
 - II. Upon the Fed Funds Rate increasing to two and one-half percent (2.5%) or above, the Custodian will pay compensation to the TPA as set forth under paragraph 5.a. above.
- c. No HSA assets shall be used for this purpose, and all such compensation shall be paid from the Custodian's general assets. The amount of compensation shall be adjusted to reflect daily average collected balances of HSA funds in the Cash Account, up to a maximum Cash Account balance of \$2,000 per Accountholder. This amount may be reduced if (i) the Accountholders are permitted to invest minimum balances in interest-bearing accounts, (ii) the minimum balance for one (1) or more specified groups of Accountholders is less than designated threshold agreed upon by the Custodian, or (iii) the Custodian makes changes to the standard offering of mutual funds, as chosen by the Custodian or as agreed upon by the Custodian and the TPA, at the request of the TPA or other third party, other than the Accountholders, which results in increased expenses or decreased revenues to the Custodian. The TPA shall communicate designated threshold to the Accountholder.



- 6. Liability.** The Accountholder hereby agrees to indemnify, defend and hold the TPA and the Custodian, and any parent, subsidiary, related corporation, or affiliate of the TPA or the Custodian, including their respective directors, managers, officers, employees and agents, harmless from and against any and all loss, costs, damages, liability, expenses or claims of any nature whatsoever, including but not limited to legal expenses, court costs, legal fees, and costs of investigation, including appeals thereof, arising, directly or indirectly:
- a. Thereof from any action that the TPA or the Custodian takes in good faith in accordance with any certificate, notice, confirmation, or instruction delivered by the Accountholder, whether through the Application or otherwise. The Accountholder waives any and all claims of any nature it now has or may have against the TPA or the Custodian and its affiliates, parent company and their respective directors, managers, officers, employees, agents and other representatives, which arise, directly or indirectly, from any action that the TPA and the Custodian takes in good faith in accordance with any certificate, notice, confirmation, or instruction from the Accountholder.
 - b. Out of any loss or diminution of any mutual fund or other investment of the HSA resulting from changes in the market value; reliance, or action taken in reliance, on instructions from the Accountholder; any exercise or failure to exercise investment direction authority by the Accountholder; the TPA or the Custodian's refusal on advice of counsel to act in accordance with any investment direction by the Accountholder; any other act or failure to act by the Accountholder; any prohibited transaction due to any actions taken or not taken by the TPA or the Custodian in reliance on instructions from the Accountholder; or any other act the TPA or the Custodian takes in good faith hereunder.

Without limiting the generality of the foregoing, the Custodian shall not be liable for any losses arising from its compliance with instructions from the Accountholder or the TPA; or executing, failing to execute, failing to timely execute or for any mistake in the execution of any instructions, unless such action or inaction is by reason of the willful misconduct of the Custodian.

The Accountholder is responsible for and hereby agrees to reimburse the TPA for any fees or penalties paid by the TPA for corrected 1099-SA and/or 5498-SA forms due to an error by the Accountholder.

This provision shall survive the termination of the Custodial Agreement and Disclosure Statement.

- 7. Electronic Communications.** The Accountholder understands and authorizes that certain investment elections, changes or transfers, distribution decisions, and any other decision or election by the Accountholder or the TPA shall be accomplished exclusively by electronic means through the Investment Portal and the Application, which includes, but is not limited to, the internet and which are not otherwise prohibited by law and which are in accordance with procedures and/or systems approved or arranged by the Custodian and the TPA.
- 8. Electronic Payment Authorization.** The Accountholder authorizes electronic debit and credit entries, if applicable, to the Accountholder's designated checking or savings account. The Accountholder also authorizes adjustments to these accounts for error corrections. This authorization will remain in effect until the termination of this agreement.
- 9. Distributions.** The Accountholder authorizes the Custodian to distribute funds from the HSA on behalf of the Accountholder upon instruction through the Application or through the use of the Debit Card. Funds to be disbursed shall be placed in a Distribution Account of the TPA, and the Accountholder authorizes the TPA to withdraw funds requested by the Accountholder from the Distribution Account and pay them to or for the benefit of the Accountholder or, if agreed upon in advance between the Accountholder and the TPA, to the TPA for administrative fees or to a third party provider of medical services or supplies.

- 10. Relationship of the Custodian and Designated Representative and HSA Administrator.** This provision shall survive the termination of the Custodial Agreement and Disclosure Statement. The Accountholder understands and agrees the Custodian will hold only those mutual funds or other investments agreed to by the Custodian.

The Accountholder understands and authorizes that certain investment elections, changes or transfer, distribution decisions, and any other decision or election by the Accountholder or the TPA shall be accomplished exclusively through the Investment Portal and the Application in accordance with procedures and/or systems approved or arranged by the Custodian and the TPA.

The Accountholder authorizes the Custodian to distribute funds from the account on behalf of the Accountholder upon instruction from the Application or through the use of the Debit Card. Funds to be disbursed shall be placed in the Distribution Account of the TPA, and the Accountholder authorizes the TPA to withdraw funds requested by the Accountholder from the Distribution Account and pay them to or for the benefit of the Accountholder.



The Custodian has entered into a separate contract with the TPA with respect to its roles as the Designated Representative and the HSA Administrator. Upon termination of the contract between the Custodian and the TPA, the Accountholder agrees that the Custodian may assume the responsibilities of the TPA. If the Custodian does not choose to assume the responsibilities of the TPA, the Accountholder may appoint a new Designated Representative and HSA Administrator if acceptable to the Custodian pursuant to this agreement. If the Custodian does not choose to assume the responsibilities of the TPA and the Accountholder does not appoint a new Designated Representative and HSA Administrator acceptable to the Custodian, the Custodian may resign on the effective date of termination of the contract between the HSA Administrator and the Custodian. The Custodian is authorized to contract or make arrangements with any affiliate or third party for the provision of necessary services to the Account. The Custodian is specifically authorized to place securities orders, settlement security trades, hold securities in custody and perform related activities on behalf of the account.

11. Amendment. The Custodian and the TPA, upon mutual agreement, have the right to amend this agreement at any time. Any amendment made to comply with federal or state law does not require the Accountholder's consent. The Accountholder will be deemed to have consented to any other amendment unless, within thirty (30) days from the date of notice of the amendment, the Accountholder notifies the TPA in writing that it does not consent.

12. Termination of Agreement and Resignation. The Accountholder may terminate this agreement at any time by giving written notice to the TPA. The TPA may resign as Designated Representative and HSA Administrator any time effective thirty (30) days after it mails written notice of its resignation to the Accountholder. Upon receipt of that notice, the Accountholder must make arrangements with the Custodian to appoint a new Designated Representative and HSA Administrator. If the Custodian does not choose to assume the responsibilities of the TPA, and the Accountholder does not appoint a new Designated Representative and HSA Administrator acceptable to the Custodian, the Custodian may resign on the effective date of termination of this agreement.

13. Fees. The Accountholder shall pay the TPA the administrative fees described in any separate agreement with the TPA, and the Custodian shall undertake no responsibility for collecting, reconciling, reporting or disclosing said fees in connection with this agreement.

The TPA shall pay the Custodian a service charge for activity costs associated with the Contribution and Distribution Accounts maintained at the Custodian, as described in a separate schedule with the TPA. The Custodian shall pay the TPA an earnings credit for positive collected balances in the Contribution and Distribution Account. The earnings credit shall be calculated using a tiered rate which is based on the 91-day Treasury Bill index, after a ten percent (10%) reserve requirements. If the earnings credit exceeds the activity costs, there shall be no service charge. If the earnings credit is less than the activity costs, the service charge shall be deducted from the TPAs designated account.

14. Termination. In the event the Accountholder terminates employment or otherwise discontinue making contributions under the Accountholder's employers HSA funding program, the Accountholder may be offered an opportunity to continue these HSA services as provided by the Custodian and Designated Representative. Accountholder will be provided with details of such arrangement, which may include, without limitation, changes to the Accountholder's investment choices, fees, plan type, user ID, password, and/or enhanced online security feature.



Discrimination is Against the Law 45 C.F.R. § 92.8(b)(1) & (d)(1)

Total Administrative Services Corporation complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. TASC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

TASC provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats.

TASC provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact TASC's Civil Rights Coordinator.

If you believe that TASC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator, 2302 International Way, Madison, WI 53704; Phone: 1-608-316-2408; Fax: 1-877-231-1287; Email: CivilRightsCoordinator@tasconline.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, TASC's Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-868-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-608-316-2408.

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-877-533-5020 (TTY: 1-800-947-3529).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-877-533-5020 (TTY: 1-800-947-3529)。

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-533-5020 (TTY: 1-800-947-3529).

ذالك نتت تحدث الكرال لغفة إن خدمات ال مساعده ال لغفة ! :تظوحلم 1-533-5020-1 (ق م) 778
مقرب لصتا. إن اعمل اب لكل رفاوتت مقبل او مصال افتاه: 1-800-947-3529).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-533-5020 (телетайп: 1-800-947-3529).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-533-5020 (TTY: 1-800-947-3529). 번으로 전화해 주십시오.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-533-5020 (TTY: 1-800-947-3529).

Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-877-533-5020 (TTY: 1-800-947-3529).

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຍຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທສ 1-877-533-5020 (TTY: 1-800-947-3529).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-533-5020 (ATS : 1-800-947-3529).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-533-5020 (TTY: 1-800-947-3529).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-877-533-5020 (TTY: 1-800-947-3529) पर कॉल करें।



Health Savings Account (HSA)

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-877-533-5020 (TTY: 1-800-947-3529).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-533-5020 (TTY: 1-800-947-3529).



STATE OF WI HSA TRANSFER FORM

Instructions:

1. Use this form and direct transfer of funds from your TASC HSA 2015 account to your new TASC HSA 2016 account.
2. Complete this form and submit it to TASC via one of the methods below:

Email	Mail
hsa@tasconline.com	TASC
Fax	PO Box 7351
(608) 245-3623	Madison, WI 53707-7351

Processing Times:

Email: 5-7 business days
 Fax/Mail: 10-12 business days

3. If you have any questions regarding rollovers or transfers to your HSA, please call **1-844-786-3947** or **608-316-2408**.

ACCOUNT HOLDER INFORMATION			
Participant Name: <i>(Last, First, Middle Initial)</i>			
Email Address:		Telephone #:	
Last 4 Digits of Social Security Number:			

This Transfer will close my 2015 HSA account and move all funds to my 2016 TASC HSA account. Funds will transfer after the first of the year.

Signature of Account Holder

I hereby certify that I am the HSA accountholder or an individual authorized to execute this transaction. I have read and understand the instructions and any rules or conditions relating to and have met the requirements for making this transaction. I assume full responsibility for this transaction and will not hold TPA or Healthcare Bank liable for any adverse consequences that may result. I have not received tax or legal advice from TPA or Healthcare Bank and, if necessary, will seek the advice of a tax or legal professional to ensure my compliance with related laws. All information provided by me is true and correct and may be relied upon by TPA and Healthcare Bank. I make an irrevocable election to treat this transaction as a transfer.

 Signature of Account Holder

 Date

DISCRIMINATION IS AGAINST THE LAW 45 C.F.R. § 92.8(B)(1) & (D)(1)

Total Administrative Services Corporation complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. TASC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

TASC provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats.

TASC provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact TASC's Civil Rights Coordinator.

If you believe that TASC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator, 2302 International Way, Madison, WI 53704; Phone: 1-608-316-2408; Fax: 1-877-231-1287; Email: CivilRightsCoordinator@tasconline.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, TASC's Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-868-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-608-316-2408.

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-877-533-5020 (TTY: 1-800-947-3529).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-533-5020, (TTY: 1-800-833-7813)。

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-533-5020 (TTY: 1-800-947-3529).

یوغلل دعداسملا تامدخ ناف، غلغللا ركذا ثدحتت تنك اذا: عظوحلم 1-877-533-5020 (مقرم قرب ل لصتا. ناعلملاب كل رفاوتت مكبلاو مصللا فتاه: 1-800-947-3529).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-533-5020 (телетайп: 1-800-947-3529).

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KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-877-533-5020 (TTY: 1-800-947-3529).

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HEALTH SAVINGS ACCOUNT ELIGIBLE EXPENSES

Once you have contributed money into your Health Savings Account (HSA), you can use it to pay for eligible medical expenses tax free.

Below is a partial list of eligible expenses that are reimbursable through an HSA. Eligible expenses can be incurred by you, your spouse, or qualified dependents. For more information, see your HSA Participant Guide. For the complete list of eligible and ineligible expenses, visit www.irs.gov and see IRS Publications 502.

Medical Expenses

- Acupuncture
- Ambulance services
- Annual physical examination
- Artificial limbs or prosthesis
- Artificial teeth
- Birth control/contraceptive devices
- Birth classes/Lamaze¹
- Blood pressure monitor
- Blood sugar test kits/test strips
- Breast reconstruction surgery¹
- Childbirth/delivery
- Chiropractic therapy/exams/adjustments
- Co-payments
- COBRA healthcare premiums
- Cosmetic surgery¹
- Crutches¹
- Dermatology services
- Diagnostic services
- Electronic body scans
- Flu shots
- Guide dog or other service animal
- Gynecological care
- Hearing aids and batteries¹
- Incontinence supplies
- Infertility treatments
- Insulin and diabetic supplies
- In vitro fertilization
- Laboratory fees
- Lactation expenses
- Legal sterilization
- Medical supplies to treat an illness or injury
- Nasal strips
- Neurological care
- Nursing home
- Nursing services
- Obstetric care
- Operations/surgery¹
- Optometrist/ophthalmologist services
- Orthopedic shoes
- Oxygen and oxygen equipment
- Physical exams
- Physical therapy¹
- Pregnancy test kits
- Podiatry services
- Prenatal/postnatal treatment
- Prescription medications
- Psychological care
- Psychiatric care
- Sleep apnea services/products¹
- Smoking cessation programs
- Special education tutoring
- Speech therapy
- Surgery
- Telephone or TV equipment for the hearing or vision impaired
- Therapy or counseling
- Transplants
- Treatment for alcohol or drug dependency
- Vaccinations
- Vasectomies
- Weight loss programs¹
- Wheelchairs
- Wigs¹
- Wrist supports/elastic straps
- X-ray fees

What is an eligible expense?

An eligible medical expense is a health care service, treatment, or item that the IRS states can be paid for without taxes.

How should I keep track of my eligible expenses?

You should keep all of your receipts and pertinent documentation in order to prove your HSA was used for eligible medical expenses.

¹: Restrictions may apply. See IRS Publication 502 for more details.

Dental Expenses

- Cleanings and exams
- Crowns and bridges
- Dental surgery
- Dental x-rays
- Dentures
- Diagnostic services
- Extractions
- Fillings
- Occlusal guards
- Orthodontia
- Root canals

Vision Expenses

- Contact lenses and lens solutions
- Diagnostic services
- Eye exams
- Eye surgery
- Eyeglass repair kits
- Laser eye surgery/LASIK
- Prescription eyeglasses
- Seeing eye dog (*buying, training, and maintaining*)

OTC Medicines and Drugs

Over-the-counter (OTC) medicines and drugs, except for insulin, require a prescription from your physician to be reimbursable with your TASC HSA. The prescription must be included with each request for reimbursement.

- Calamine lotion
- Canker/cold sore relievers
- Diaper rash ointments
- First Aid supplies
- Hemorrhoid creams and treatments
- Hydrogen Peroxide or rubbing alcohol
- Indigestion and anti-acid relievers
- Nicotine patches
- Pain relievers (*Tylenol, Advil, etc.*)
- Pain relieving creams or gels (*Bengay, etc.*)
- Sinus medications
- Teething gels

Individuals Over Age 65

Individuals over the age of 65 may use HSA funds to pay for the following expenses:

- Medicare Parts A or B
- Medicare HMO premiums (*Medicap insurance premiums do NOT qualify*)
- Health insurance premiums while receiving unemployment compensation
- Employee share of premiums for employer-sponsored health insurance, including retiree health insurance (*if not already taken before taxes*)

Ineligible Health Savings Account Expenses

Note: If you pay for anything other than qualified expenses with your HSA, the amount will be taxable, and you will pay an additional 20 percent tax penalty. If you are age 65 or older, the tax penalty does not apply, but the amount must be reported as taxable income.

Below is a partial list of ineligible expenses. For more information, see your HSA Participant Guide. For the complete list of eligible and ineligible expenses, visit www.irs.gov and see IRS Publications 502.

- Advance payment for future medical expenses
- Athletic mouth guards
- Childcare
- Contributions to state disability funds
- Cosmetic supplies (*makeup, cleansers, moisturizers, etc.*)
- Cosmetic surgery (*unless due to trauma or disease*)
- Deodorant
- Dental floss
- Diaper services
- Dietary and fiber supplements
- Electrolysis or hair removal
- Eye drops for general comfort
- Eyeglass cases
- Funeral, cremation & burial expenses
- Gasoline
- Hand sanitizer
- Health club or athletic club membership dues
- Household help
- Hygiene products
- Insurance premiums (*all types*)
- Lotions or skin moisturizers
- Marriage counseling
- Maternity clothes
- Mattresses
- Meals
- Medicare premiums
- Nutritional supplements and vitamins
- Over-the-counter medications not prescribed by your doctor
- Sunglasses and sun clips (*non-prescription*)
- Safety classes (*non-prescription*)
- Swimming lessons
- Teeth whitening
- Toiletries
- Weight-loss programs (*unless prescribed to treat a specific disease*)



TASC Customer Care | Phone 844-786-3947 or 608-316-2408 | Email customer care@tasconline.com

TASC complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-316-2408.
LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-877-533-5020 (TTY: 1-800-647-3529).



LIMITED PURPOSE FSA ELIGIBLE EXPENSES

Once you have contributed money into your Limited Purpose Flexible Spending Account (LPFSA), you can use it to pay for eligible dental, vision, and post-deductible medical expenses tax free.

Below is a partial list of eligible expenses that are reimbursable through an LPFSA. Eligible expenses can be incurred by you, your spouse, or qualified dependents. For more information, see your Employee Reimbursement Accounts (ERA) Participant Guide. For the complete list of eligible and ineligible expenses, visit www.irs.gov and see IRS Publications 502.

Dental Expenses

- Cleanings and exams
- Crowns and bridges
- Dental plan co-pays
- Dental plan co-insurance
- Dental plan deductibles
- Dental reconstruction and implants
- Dental surgery
- Dental x-rays
- Dentures
- Diagnostic services
- Fillings
- Occlusal guards
- Orthodontia
- Over-the-counter dental products that contain a drug or medication¹
- Root canals

Vision Expenses

- Contact lenses and lens solution
- Diagnostic services
- Eye exams
- Eye related equipment/materials
- Eyeglasses (*over-the-counter and prescription*)
- Eyeglass repair kits
- Eye surgery
- Laser eye surgery/LASIK
- Optometrist/ophthalmologist fees
- Orthokeratology
- Over-the-counter vision products that contain a drug or medication¹
- Seeing eye dog (*buying, training, and maintaining*)
- Sunglasses (*prescription only*)
- Vision plan co-insurance
- Vision plan deductibles

¹: Over-the-counter dental and vision medications and drugs require a prescription to be LPFSA eligible. Restrictions may apply. See IRS Publication 502 for more details.

Note: After you meet your health plan's deductible, you may be reimbursed for all eligible medical expenses, such as co-payments, physical exams, and vaccinations. Expenses may be incurred by you, your spouse, or qualified dependents. For the complete list of eligible and ineligible expenses, visit www.irs.gov and see IRS Publication 502.

Ineligible Limited Purpose FSA Expenses

Note: If you pay for anything other than eligible expenses with your LPFSA, the amount will be taxable, and you will be required to repay the amount or pay an additional 20 percent tax penalty.

Below is a partial list of ineligible expenses. For more information, see your ERA Participant Guide. For the complete list of eligible and ineligible expenses, visit www.irs.gov and see IRS Publications 502.

- Elective cosmetic surgery
- Eye serums or wrinkle creams
- Insurance premiums
- Mouthwash
- Teeth bleaching/whitening
- Toothpaste and toothbrushes

What is an eligible expense?

An eligible expense is a dental or vision service, treatment, or item that the IRS states can be paid for without taxes.

How should I keep track of my eligible expenses?

You should keep all of your receipts and pertinent documentation in order to prove your Limited Purpose FSA was used for eligible dental, vision, or post-deductible medical expenses.



TASC Customer Care | Phone 844-786-3947 or 608-316-2408 | Email customer care@tasconline.com

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ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-808-316-2408.
LUS CEEV: Yog tias koj hais lus Hmoob, oov kev pab toj lus, muaj kev pab dawb rau koj. Hu rau 1-877-533-5020 (TTY: 1-800-647-3529).

TASC Disaster Recovery and Continuity Plan

*The information in this section is **Confidential and Proprietary**, should not be shared with any entity other than the State of Arkansas, and will be omitted from the Redacted copy.*

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TASC Privacy, Security and Breach Notification Policies and Procedures

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TASC Reports

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HSA Account Summary

Employer Name:

Reporting Period: 9/1/2016 - 9/30/2016

Balance Summary

Account Type	# Accounts With Balance	9/1/2016 Opening Balance	9/30/2016 Closing Balance	1/1/2016 Opening Balance
HSA Cash Account	3018	\$3,529,480.61	\$3,749,116.84	\$0.00
Investment Fair Market Value	71	\$195,874.63	\$218,478.85	\$0.00
Total Balance		\$3,725,355.24	\$3,967,595.69	\$0.00

Transaction Summary

Current Period	Amount	#	Year to Date	Amount	#
Deposits	\$561,411.59	6742	Deposits	\$6,181,737.33	72552
Withdrawals	(\$318,422.60)	2556	Withdrawals	(\$2,220,542.49)	18884
Transfer to Investments	(\$32,639.95)	98	Transfer to Investments	(\$242,682.85)	452
Transfer from Investments	\$9,159.13	14	Transfer from Investments	\$30,794.73	70
Interest Earned	\$194.06	2775	Interest Earned	\$1,035.68	20883
Consumer Fees	(\$66.00)	22	Fees	(\$1,225.56)	414

Deposits

Current Period	Amount	#	Year to Date	Amount	#
Payroll Deductions	\$301,835.66	2747	Payroll Deductions	\$3,016,891.94	30846
Employer Contributions	\$242,742.97	3960	Employer Contributions	\$2,452,401.15	40988
Other	\$16,832.96	35	Other	\$712,444.24	718
Total Deposits	\$561,411.59	6742	Total Deposits	\$6,181,737.33	72552

Deposits by Tax Year

2016 Year to Date	Amount	#	2015 Year to Date	Amount	#
Payroll Deductions	\$3,016,891.94	30846	Payroll Deductions	\$0.00	0
Employer Contributions	\$2,452,401.15	40988	Employer Contributions	\$0.00	0
Other	\$148,486.24	197	Other	\$22,842.07	12

HSA Account Summary

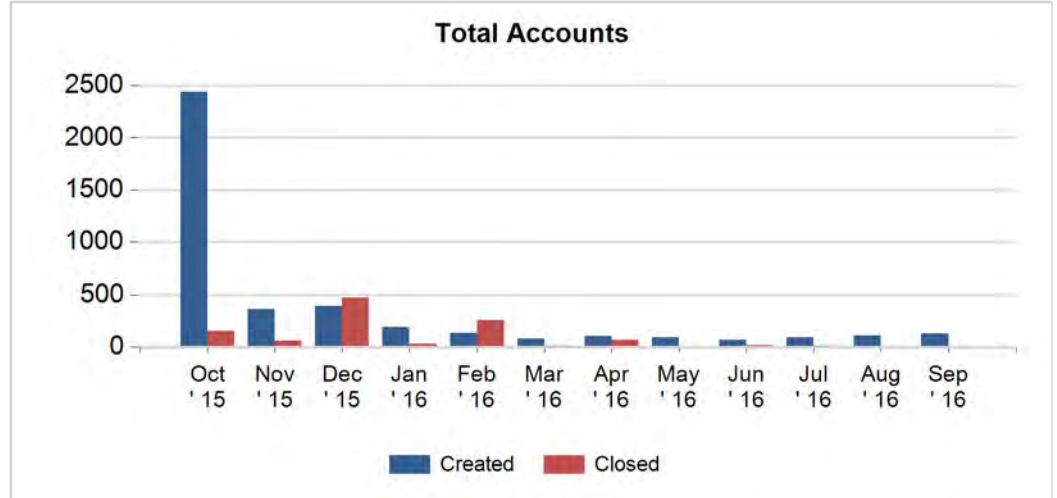
HSA Account Overview

Account Status	#
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Open	3273
On Hold	482

Accounts	Current Period	Year to Date
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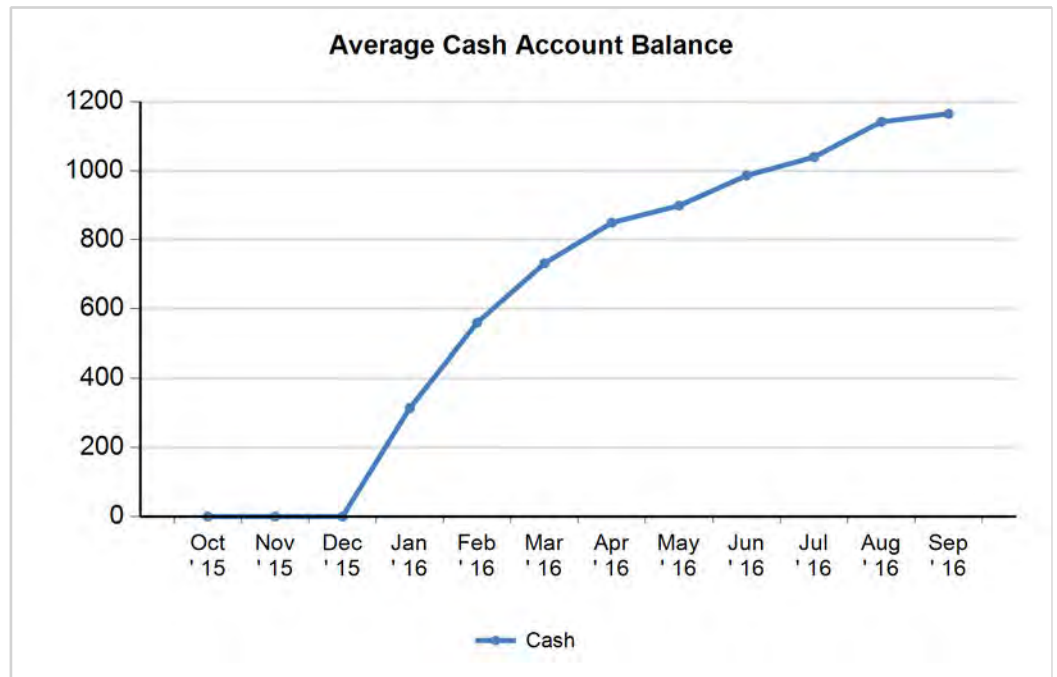
Created	131	1009
Closed	5	412



Statistics

Total Balance	#
---------------	---

Below Zero	0
Zero	201
\$0.01 - \$500	896
\$500.01 - \$1,000	811
\$1,000.01 - \$1,500	473
\$1,500.01 - \$2,000	248
\$2,000.01 - \$2,500	184
\$2,500.01 - \$3,000	111
\$3,000.01 - \$5,000	190
\$5,000.01 - \$10,000	89
\$10,000.01 - \$15,000	15
\$15,000.01 - \$20,000	0
Over \$20,000	1



Sample Company
Member Enrollment Report

As of 7/31/2017

Plan Year: 1/1/2017 - 12/31/2017

Identifier	Participant Name	Status	Last Update	First Pay Date	Plan Name	Employer Contribution	Election	Payroll Deduction	Total Deduction	Reim Method
523669874	Last, Damon	A	10/9/2016	1/3/2017	FSA	\$200.00	\$500.00	\$20.83	\$20.83	DC (CK)
909000026	Last, Jordan	A	2/10/2016	1/7/2017	FSA	\$100.00	\$1,000.00	\$19.23	\$19.23	DC (CK)
909000026	Last, Jordan	A	2/10/2016	-	HRA	\$500.00	-	\$0.00	\$19.23	DC (CK)
	Last, Jim	A	7/23/2016	1/13/2017	FSA	\$0.00	\$2,222.00	\$85.46	\$85.46	DC (CK)
	Last, Jim	A	7/23/2016	-	HRA	\$500.00	-	\$0.00	\$85.46	DC (CK)
874554412	Last, Andy	A	10/9/2016	1/3/2017	FSA	\$0.00	\$1,500.00	\$62.50	\$62.50	DC (CK)
909000018	Last, Natalie	A	1/9/2017	-	HRA	\$500.00	-	\$0.00	\$0.00	DC (CK)
	Last, Emily	A	7/23/2017	7/28/2017	FSA	\$0.00	\$1,434.00	\$119.50	\$119.50	DC (CK)
	Last, Emily	A	7/23/2017	-	HRA	\$2,000.00	-	\$0.00	\$119.50	DC (CK)
	Last, Norah	A	7/23/2017	1/13/2017	FSA	\$0.00	\$1,322.00	\$50.85	\$221.35	DC (CK)
	Last, Norah	A	7/23/2017	1/13/2017	Premiums	\$0.00	\$4,433.00	\$170.50	\$221.35	DC (CK)
551224554	Last, Emma	A	2/15/2017	-	HRA	\$500.00	-	\$0.00	\$0.00	DC (CK)
909090910	Last, Rosa	A	6/17/2017	1/13/2017	FSA	\$0.00	\$1,000.00	\$38.46	\$38.46	DC (CK)
554688148	Last, Marta	A	2/15/2017	1/13/2017	FSA	\$0.00	\$2,500.00	\$96.15	\$96.15	DC (CK)
	Last, Jason	A	7/23/2017	1/13/2017	FSA	\$0.00	\$1,323.00	\$50.88	\$50.88	DC (CK)
999000999	Last, Maria	A	4/30/2017	-	Dependent Care FSA	\$1,500.00	-	\$0.00	\$19.23	DC (DD)
999000999	Last, Maria	A	4/30/2017	1/7/2017	FSA	\$100.00	\$1,000.00	\$19.23	\$19.23	DC (DD)
999000999	Last, Maria	A	4/30/2017	-	HRA	\$416.66	-	\$0.00	\$19.23	DC (DD)
909000001	Last, Theresa	A	8/27/2017	-	HRA	\$2,000.00	-	\$0.00	\$0.00	DC (CK)
	Last, Marta	A	11/27/2016	-	HRA	\$500.00	-	\$0.00	\$0.00	DC (CK)
	Last, Kelly	A	7/30/2017	1/13/2017	FSA	\$0.00	\$1,000.00	\$38.46	\$38.46	DC (CK)
	Last, Kelly	A	7/30/2017	-	HRA	\$1,500.00	-	\$0.00	\$38.46	DC (CK)

Sample Company
Member Enrollment Report

As of 7/31/2017

Plan Year: 1/1/2017 - 12/31/2017

Identifier	Participant Name	Status	Last Update	First Pay Date	Plan Name	Employer Contribution	Election	Payroll Deduction	Total Deduction	Reim Method
	Last, Thomas	A	2/27/2017	-	HRA	\$500.00	-	\$0.00	\$0.00	DC (CK)
	Last, Bill	A	5/22/2016	1/13/2017	FSA	\$0.00	\$1,000.00	\$38.46	\$38.46	DC (CK)
	Last, Bill	A	5/22/2017	-	HRA	\$500.00	-	\$0.00	\$38.46	DC (CK)
Total Participants: 17						Totals:	\$11,316.66	\$20,234.00	\$810.51	\$810.51

Total Elections and Contributions by Plan:

Plan	Election	Employer Contribution	Total Enrollments
FSA	\$15,801.00	\$400.00	12
HRA	-	\$9,416.66	11
Dependent Care FSA	-	\$1,500.00	1
Premiums	\$4,433.00	\$0.00	1

Key			
Status		Reimbursement Method	
A	Active	CK	Check
LOA	Leave of Absence	DD	Direct Deposit
C	COBRA	RC	Reimbursement Card
L/O	Laid-Off	DC	Debit Card
R	Retired		
T	Terminated		

Sample Company
HSA Contributions Notification

For Contributions Scheduled on 3/1/2017

Identifier	Last Name	First Name	Employer Contribution	Employee Payroll Deduction	Total Contribution
909000001	Last	Theresa	\$150.00	\$0.00	\$150.00
123991200	Last	Susan	\$0.00	\$0.00	\$0.00
909999999	Last	Joe	\$0.00	\$0.00	\$0.00
Totals:			\$150.00	\$0.00	\$150.00



Standard Reports





Payroll Verification Report (PVR)

Client TASC ID	Participant Employee ID	Last Name - Participant	First Name - Participant	Middle Initial - Participant	Participant Address Line 1	Participant Address Line 2	Participant City	Participant State	Participant Zip Code	Participant Payroll Date	Termination Date	Last Payroll Date	MED Acct.	MED Acct.	Participants Contribution MED Acct.	Client's Contribution MED Acct.	Eligibility State Date MED Acct.	Eligibility End Date MED Acct.
XXXX-XXX-0123	XX014	Smith	Jane	D	1 Main St		Madison	WI	53704	11/26/2012		11/26/2012	335	15	350	0	8/1/2012	7/31/2013
XXXX-XXX-0123	XX015	Smith	Jane	D	2 Main St		Madison	WI	53704	11/26/2012		11/26/2012	400	20	420	0	8/1/2012	7/31/2013
XXXX-XXX-0123	XX016	Smith	Jane	D	3 Main St		Madison	WI	53704	11/26/2012		11/26/2012	394	106.5	500	0	8/1/2012	7/31/2013
XXXX-XXX-0123	XX017	Smith	Jane	D	4 Main St		Madison	WI	53704	11/26/2012		11/26/2012	602	55	657	0	8/1/2012	7/31/2013
XXXX-XXX-0123	XX018	Smith	Jane	D	5 Main St		Madison	WI	53704	11/26/2012		11/26/2012	773	27	800	0	8/1/2012	7/31/2013
XXXX-XXX-0123	XX019	Smith	Jane	D	6 Main St		Madison	WI	53704	11/26/2012		11/26/2012	88	152	240	0	8/1/2012	7/31/2013
XXXX-XXX-0123	XX020	Smith	Jane	D	7 Main St		Madison	WI	53704	11/26/2012		11/26/2012	573	27	600	0	8/1/2012	7/31/2013
XXXX-XXX-0123	XX021	Smith	Jane	D	8 Main St		Madison	WI	53704	11/26/2012		11/26/2012	182	68	250	0	8/1/2012	7/31/2013
XXXX-XXX-0123	XX022	Smith	Jane	D	9 Main St		Madison	WI	53704	11/26/2012		11/26/2012	406	94	500	0	8/1/2012	7/31/2013
XXXX-XXX-0123	XX023	Smith	Jane	D	10 Main St		Madison	WI	53704	11/26/2012		11/26/2012	403	87	490	0	8/1/2012	7/31/2013
XXXX-XXX-0123	XX024	Smith	Jane	D	11 Main St		Madison	WI	53704	11/26/2012		11/26/2012	600	200	800	0	8/1/2012	7/31/2013
XXXX-XXX-0123	XX025	Smith	Jane	D	12 Main St		Madison	WI	53704	11/26/2012		11/26/2012	1485	15	1500	0	8/1/2012	7/31/2013
XXXX-XXX-0123	XX026	Smith	Jane	D	13 Main St		Madison	WI	53704	11/26/2012		11/26/2012	488	12	500	0	8/1/2012	7/31/2013
XXXX-XXX-0123	XX027	Smith	Jane	D	14 Main St		Madison	WI	53704	11/26/2012		11/26/2012	195	5	200	0	8/1/2012	7/31/2013

The Payroll Verification Report (PVR) provides details on each FlexSystem enrollee: Client ID, Employee ID, First Name, Last Name, Middle Initial, Address, Payroll Date, Termination Date, Most Recent Payroll Date, and Election Amount for each payroll date, Client Contribution, Eligibility Start Date and Eligibility End Date. This report is available online and as an Excel Spreadsheet.

MyTASC Payroll Verification Report (PVR)

MYTASC HELP

Search Go Clear Searches

FlexSystem Payroll Verification Report (PVR) - 4100-0000-2132 - Smith, Joe Back To >> [Client Manager](#)

▼ **FlexSystem Payroll Verification Report (PVR)**

Superior Health Clinic (12), 05/01/2011 - 04/30/2012, P(12), Active ▼

▼ **Payroll Date Schedule**

[November through April >>](#)

May - 2011							June - 2011							July - 2011							August - 2011							September - 2011							October - 2011						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
1	2	3	4	5	6	7				1	2	3	4						1	2	1	2	3	4	5	6					1	2	3							1	
8	9	10	11	12	13	14	5	6	7	8	9	10	11	3	4	5	6	7	8	9	7	8	9	10	11	12	13	4	5	6	7	8	9	10	2	3	4	5	6	7	8
15	16	17	18	19	20	21	12	13	14	15	16	17	18	10	11	12	13	14	15	16	14	15	16	17	18	19	20	11	12	13	14	15	16	17	9	10	11	12	13	14	15
22	23	24	25	26	27	28	19	20	21	22	23	24	25	17	18	19	20	21	22	23	21	22	23	24	25	26	27	18	19	20	21	22	23	24	16	17	18	19	20	21	22
29	30	31					26	27	28	29	30			24	25	26	27	28	29	30	28	29	30	31				25	26	27	28	29	30		23	24	25	26	27	28	29
														31														30	31						30	31					

Posted
 Not Posted
 Currently Viewed



MyTASC Payroll Verification Report (PVR)

▼ Payroll Contributions for Thursday, September 1st, 2011

To terminate or make a change to a benefit for a participant, select the Account link below. Then select the applicable tab, Terminate Tab or Contributions Tab.
To add a new Participant, select the Enrollment Management link from the Client Manager view. New Participants effective on this payroll should be added prior to submitting payment.

By Participant **By Benefit**

<u>Participant</u>		<u>Participant Contribution</u>
Fall, Nick	Profile Account By Benefit	\$176.19
Jimenez, Steve	Profile Account By Benefit	\$125.00
Sample, Debra	Profile Account By Benefit	\$400.00
Schmoe, Debra	Profile Account By Benefit	\$111.11
Spring, Abby	Profile Account By Benefit	\$300.00
Summer, Judy	Profile Account By Benefit	\$166.66
Subtotals		\$1278.96

Total Expected Payroll Contributions for Payroll Date 1278.96

Navigation: [1](#)



MyTASC Payroll Verification Report (PVR) cont.

▼ PVR Tools for the Payroll Date: Thursday, September 1st, 2011

[Download Microsoft Excel PVR Spreadsheet](#)

▼ Contribution Payments

Date	Payment By (TASC Id)	Payment Amount	Funding Amount	Non-Funding Amount	Method
No Entries					

▼ Totals

Total Payments Made Toward Payroll Date
The Total Payments Made Toward Payroll Date amount is the amount submitted to TASC applied to this payroll date.
\$0.00

Client Cash Account Balance
The Client Cash Account Balance includes the total amount carried forward from previous payroll dates or any other positive or negative amount posted in the Client Cash Account. If the total amount is a negative, it is added to the amount owed on future payroll dates. If it is a positive number, it is used to reduce the amount owed on future payroll dates. To view the details on the Client Cash Account Balance, go to the Client Manager screen, select Client Cash Account and select the Details link for any posted transaction.
\$0.00

Expected Client Payment
The Expected Client Payment is the total amount to be paid after the Client Cash Account Balance has been applied.
\$1278.96

Print Submit



Balance & Exposure Report

TASC ID	Last Name	First Name	Middle Initial	Address Line 1	Address Line 2	City	State	Zip	Medical	Dependent Care	Transportation	Individual Premium	Unsubstantiated
xxxx-xxx-0123	Smith	Jane	D	1 Main St		Madison	WI	53704	\$100.35				\$0.00
xxxx-xxx-0123	Smith	Jane	D	2 Main St		Madison	WI	53704	\$22.83	\$0.00			\$5.99
xxxx-xxx-0123	Smith	Jane	D	3 Main St		Madison	WI	53704	\$15.34				\$0.00
xxxx-xxx-0123	Smith	Jane	D	4 Main St		Madison	WI	53704	\$140.00				\$0.00
xxxx-xxx-0123	Smith	Jane	D	5 Main St		Madison	WI	53704	\$57.00				\$100.00
xxxx-xxx-0123	Smith	Jane	D	6 Main St		Madison	WI	53704	\$68.79				\$0.00
xxxx-xxx-0123	Smith	Jane	D	7 Main St		Madison	WI	53704	\$13.44	\$0.00			\$10.00
xxxx-xxx-0123	Smith	Jane	D	8 Main St		Madison	WI	53704	\$18.57				\$0.00
xxxx-xxx-0123	Smith	Jane	D	9 Main St		Madison	WI	53704	\$55.00	\$615.36			\$0.00
xxxx-xxx-0123	Smith	Jane	D	10 Main St		Madison	WI	53704	\$500.87				\$0.00
xxxx-xxx-0123	Smith	Jane	D	11 Main St		Madison	WI	53704	\$16.63	\$140.00			\$0.00
xxxx-xxx-0123	Smith	Jane	D	12 Main St		Madison	WI	53704	\$14.00				\$0.00
xxxx-xxx-0123	Smith	Jane	D	13 Main St		Madison	WI	53704	\$15.28				\$0.00
xxxx-xxx-0123	Smith	Jane	D	14 Main St		Madison	WI	53704	\$27.60				\$0.00

The Balance & Exposure Report provides the current Participant account balances relative to contributions received and claims paid to report date.



Plan Contribution Payment Report

Client TASC ID	Participant TASC ID	Employee ID	Last Name Participant	First Name Participant	Middle Initial	Address Participant Line 1	Address Participant Line 2	City	State	Zip Code	Payroll Date	Termination Date	Last Payroll Date
4100-0000-xxxx	4300-0000-xxxx		Summer	Jane		1 Main		Madison	WI	53704	09/01/2011		04/02/2012
4100-0000-xxxx	4300-0000-xxxx		Sample	Jane		2 Main		Madison	WI	53704	09/01/2011	10/19/2011	11/01/2011
4100-0000-xxxx	4300-0000-xxxx		Jimenez	Jane		3 Main		Madison	WI	53514	09/01/2011		04/02/2012
4100-0000-xxxx	4300-0000-xxxx		Schmoe	Jane		4 Main		Madison	WI	53704	09/01/2011	08/31/2011	09/01/2011
4100-0000-xxxx	4300-0000-xxxx		Spring	Jane		5 Main		Madison	WI	53704	09/01/2011		04/02/2012
4100-0000-xxxx	4300-0000-xxxx		Fall	Jane		6 Main		Madison	WI	53704	09/01/2011		04/02/2012

MED Acct. - Annual Election	MED Acct. - Participant's Contribution	MED Acct. - Participant's Contribution YTD	MED Acct. - Client's Contribution	MED Acct. - Client's Contribution YTD	MED Acct. - Eligibility Start Date	MED Acct. - Eligibility End Date	DEP Acct. - Annual Election	DEP Acct. - Participant's Contribution	DEP Acct. - Participant's Contribution YTD	DEP Acct. - Client's Contribution	DEP Acct. - Client's Contribution YTD	DEP Acct. - Eligibility Start Date	DEP Acct. - Eligibility End Date
2000	166.66	666.64	0	0	05/01/2011	04/30/2012	5000	0	1666.65	0	0	05/01/2011	04/30/2012
2000	200	400	0	0	07/01/2011	04/30/2012	1000	100	200	0	0	07/01/2011	04/30/2012
1000	125	0	0	0	09/01/2011	04/30/2012							
1000	111.11	111.11	0	0	08/01/2011	04/30/2012							
3550	300	1150	0	0	05/01/2011	04/30/2012							
							2500	176.19	866.65	0	0	05/01/2011	04/30/2012

106 Acct. - Annual Election	106 Acct. - Participant's Contribution	106 Acct. - Participant's Contribution YTD	106 Acct. - Client's Contribution	106 Acct. - Client's Contribution YTD	106 Acct. - Eligibility Start Date	106 Acct. - Eligibility End Date	TRN Acct. - Annual Election	TRN Acct. - Participant's Contribution	TRN Acct. - Participant's Contribution YTD	TRN Acct. - Client's Contribution	TRN Acct. - Client's Contribution YTD	TRN Acct. - Eligibility Start Date	TRN Acct. - Eligibility End Date
							1000	100	200	0	0	07/01/2011	04/30/2012

HSA Full - Annual Election	HSA Full - Participant's Contribution	HSA Full - Participant's Contribution YTD	HSA Full - Client's Contribution	HSA Full - Client's Contribution YTD	HSA Full - Eligibility Start Date	HSA Full - Eligibility End Date

The Plan Contribution Payments report is an easy to read list of all Payroll Verification Report (PVR) payments received for each scheduled payroll date available as both a formatted PDF document and downloadable as an Excel spreadsheet.



Payroll Contribution Verification Report

Scheduled Payroll Date: 9/1/2011

Payroll # 5 of 12

JOE SMITH
SUPERIOR HEALTH CLINIC
2302 INTERNATIONAL LANE
MADISON WI 53704

Client TASC Id 4100-0000-2132
Plan Name Superior Health Clinic (12)
Plan Year 5/1/2011 Thru 4/30/2012
Group is Active

Check if additional information on following page

Term Code	Participant TASC Id	Participant Name	Medical Expense	Dependent Care	Insurance	Transp.	HSA Full	HSA Limited	Total
_____	4900 0000 2999	FALL, NICK	\$ 0.00	\$ 176.19	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 176.19
_____	4700 0000 6417	JIMENEZ, STEVE	\$ 125.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 125.00
_____	4400 0000 5610	SAMPLE, DEBRA	\$ 200.00	\$ 100.00	\$ 0.00	\$ 100.00	\$ 0.00	\$ 0.00	\$ 400.00
_____	4700 0000 6912	SCHMOE, DEBRA	\$ 111.11	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 111.11
_____	4800 0000 2764	SPRING, ABBY	\$ 300.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 300.00
_____	4300 0000 2558	SUMMER, JUDY	\$ 166.66	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 166.66
Total Participant Contribution:			\$ 902.77	\$ 276.19	\$ 0.00	\$ 100.00	\$ 0.00	\$ 0.00	\$ 1,278.96

Net Change to Participant Contributions from above:									
Net Change for Additions from back sides:									
Net Change for Special Transactions from the back sides:									
Revised Total Contribution:									

Total Expected Payroll Contributions for Payroll Date \$ 1,278.96

Totals

Total Payments Made Toward Payroll Date

The Total Payments Made Toward Payroll Date amount is the amount submitted to TASC applied to this payroll date.

\$ 0.00

Client Cash Account Balance

The Client Cash Account Balance includes the total amount carried forward from previous payroll dates or any other positive or negative amount posted in the Client Cash Account. If the total amount is a negative, it is added to the amount owed on future payroll dates. If it is a positive number, it is used to reduce the amount owed on future payroll dates.

To view the details on the Client Cash Account Balance, go to the Client Manager screen, select Client Cash Account and select the Details link for any posted transaction.

\$ 0.00

Expected Client Payment

The Expected Client Payment is the total amount to be paid after the Client Account Balance has been applied.

\$ 1,278.96

Please indicate any changes for individual's benefits above or on the reverse side

This report MUST be returned with your remittance. Please make copies for your records. Return your check payable to TASC in the GREEN envelope included.

To insure timely deposit and posting of these funds, please return one check covering the amount indicated for this report - Do Not Include Administration Fees with your remittance for this report

Payroll Contribution Verification Report Change Notice

Client 4100-0000-2132 Superior Health Clinic

Please make the following changes:

Scheduled Payroll Date: 9/1/2011

Payroll # 5 of 12

ONLY NOTE CHANGES THAT ARE REFLECTIVE ON THIS PAYROLL

Terminations:

Indicate by drawing a line through the employee's name on the Payroll Contribution Verification Report. Action to be taken should be indicated in the 'Term Code' area using the term codes below:

Type 1: Terminate employment, deduct the balance of the annual election from the Participant's final paycheck, and submit. The eligibility end date of terminated Participant will remain the end of the Plan year. Only Requests for Reimbursement for services incurred prior to the Participant's eligibility end date will be processed. Consent of the effected employee must be received prior to selecting this termination option. Employers are advised to consult their respective State Laws on Wage and Garnishment prior to selecting this Termination Option.

Type 2: Terminate employment, cap annual elections to the greater of Total Contributions or Total Reimbursements, and submit. The eligibility end date of the terminated Participant will default to the end of the Plan year, but can be changed to any date after the actual date of termination. Only Requests for Reimbursement for services incurred prior to the Participant's eligibility end date will be processed.

Type 3: Terminate employment, retain current annual elections, and submit. No further contributions shall be withheld from the Participant's final paycheck. Terminated Participants may be reimbursed in excess of their year to date contributions. The eligibility end date of the terminated Participant will remain the end of the Plan year. Only Requests for Reimbursement for services incurred prior to the Participant's eligibility end date will be processed.

Any negative amounts in the employee's medical FSA account that were paid by FlexSystem should be repaid immediately. If not, they will be deducted from forfeitures after the end of the plan year's transitional period.

Edits to Member contribution amounts:

Indicate the change to Benefit Amounts on the Payroll Contribution Verification Report. These changes will start with this payroll and be used for each payroll through the balance of the plan year. 'Change of Election' forms should be maintained at your location for your personnel records. Do not Submit. The annual election amount under uniform coverage will be adjusted by these edits.

Other Changes or Corrections Instructions:

Address changes are handled separately and should be submitted by participant via the Request for Reimbursement form.

Name changes should be made by editing the Payroll Contribution Verification Report on the front of this form.

Additions:

All appropriate areas must be filled in completely and accurately for prompt processing to occur. ONLY include information to be reflective on this AND subsequent payrolls. An incomplete or illegible address will be defaulted to the client's address. Amount discrepancies may result in a refund or an invoice to insure prompt processing occurs for this payroll. Enrollment forms should be maintained at your location for your personnel records. Do not submit.

	Benefit Codes							
The amounts shown should reflect the payroll withheld	Medical Expense EEXP	Dependent Care DEPC	Insurance 106P	Transportation TRAN	HSA Full HSAF	HSA Limited HSAL	Total	
Name								
Address								
Name								
Address								
Name								
Address								

Special Transactions:

One time only corrections for this payroll Deposit (D) /Withdrawal (W): Section to be used for termination options, leave of absence, catch up, or corrections. These are one time only adjustments and will not be reflected in the future Payroll Contribution Verification Reports. Please Note: participant "elections" were made on a per pay period basis and must be submitted per pay period unless a qualifying event occurs to change elections. Clients with participant payroll fluctuations must account for the changes internally and continue to submit the per payroll election for each participant.

Participant TASC Id	Name	Benefit Code	Amount	Type D or W



Finalization Report

The Finalization Report provides a final accounting of Participant Accounts including the Participant ID, Indication of Participant Status (Active or Terminated), Participant Name, Elected Account Type (Medical, Dependent Care or Transportation), Annual Election, Participant Contribution, Client Contribution, Requests for Reimbursements (Claims) Paid and Participant Balance. Report provides final accounting for prior Plan Years as well as the Current Plan Year status.

Finalization Report

ACTIVE

5/1/2011 to 4/30/2012

JOE SMITH
SUPERIOR HEALTH CLINIC
2302 INTERNATIONAL LANE
MADISON WI 53704

Client TASC Id: 4100-0000-2132
Plan Name: Superior Health Clinic (12)

4100-0046-7471 (Terminated as of 11/17/2011)					
Example, Jesse	Annual Election	Participant Contribution	Client Contribution	Requests Paid	Balance
Dependent Care Expenses	\$ 1,000.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Medical (Out-of-Pocket) Expenses	\$ 1,000.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
4700-0046-6837 (Active)					
Fake, Teresa	Annual Election	Participant Contribution	Client Contribution	Requests Paid	Balance
Medical (Out-of-Pocket) Expenses	\$ 1,000.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
4400-0046-9037 (Active)					
Faker, Deb	Annual Election	Participant Contribution	Client Contribution	Requests Paid	Balance
Medical (Out-of-Pocket) Expenses	\$ 1,000.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
4900-0000-2999 (Active)					
Fall, Nick	Annual Election	Participant Contribution	Client Contribution	Requests Paid	Balance
Dependent Care Expenses	\$ 2,500.00	\$ 866.65	\$ 0.00	\$ 0.00	\$ 866.65
		\$ 866.65	\$ 0.00	\$ 0.00	\$ 866.65
4400-0046-5297 (Active)					
Helper, Don	Annual Election	Participant Contribution	Client Contribution	Requests Paid	Balance
Dependent Care Expenses	\$ 2,000.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Medical (Out-of-Pocket) Expenses	\$ 500.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
4400-0046-5642 (Active)					
Helper, Kim	Annual Election	Participant Contribution	Client Contribution	Requests Paid	Balance
Medical (Out-of-Pocket) Expenses	\$ 500.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
4700-0000-6417 (Active)					
Jimenez, Steve	Annual Election	Participant Contribution	Client Contribution	Requests Paid	Balance
Medical (Out-of-Pocket) Expenses	\$ 1,000.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
4000-0046-8006 (Active)					
Nathan, Murray	Annual Election	Participant Contribution	Client Contribution	Requests Paid	Balance
Dependent Care Expenses	\$ 5,000.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

Finalization Report

ACTIVE

5/1/2011 to 4/30/2012

4400-0046-7275 (Active)					
Pretender, Debra	Annual Election	Participant Contribution	Client Contribution	Requests Paid	Balance
Medical (Out-of-Pocket) Expenses	\$ 500.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
4400-0000-5610 (Terminated as of 10/18/2011)					
Sample, Debra	Annual Election	Participant Contribution	Client Contribution	Requests Paid	Balance
Dependent Care Expenses	\$ 1,000.00	\$ 200.00	\$ 0.00	\$ 0.00	\$ 200.00
Medical (Out-of-Pocket) Expenses	\$ 2,000.00	\$ 400.00	\$ 0.00	\$ 0.00	\$ 400.00
Transportation Expenses	\$ 1,000.00	\$ 200.00	\$ 0.00	\$ 0.00	\$ 200.00
		\$ 800.00	\$ 0.00	\$ 0.00	\$ 800.00
4700-0000-6912 (Terminated as of 8/11/2011)					
Schmoe, Debra	Annual Election	Participant Contribution	Client Contribution	Requests Paid	Balance
Medical (Out-of-Pocket) Expenses	\$ 1,000.00	\$ 111.11	\$ 0.00	\$ 0.00	\$ 111.11
		\$ 111.11	\$ 0.00	\$ 0.00	\$ 111.11
4100-0046-4299 (Active)					
Smith, Deb	Annual Election	Participant Contribution	Client Contribution	Requests Paid	Balance
Medical (Out-of-Pocket) Expenses	\$ 500.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
4700-0046-5995 (Terminated as of 10/1/2011)					
Smith, Debbie	Annual Election	Participant Contribution	Client Contribution	Requests Paid	Balance
Medical (Out-of-Pocket) Expenses	\$ 1,000.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
4600-0046-5452 (Active)					
Smyth, Deb	Annual Election	Participant Contribution	Client Contribution	Requests Paid	Balance
Medical (Out-of-Pocket) Expenses	\$ 1,000.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
4600-0046-7036 (Active)					
Spade, Andrea	Annual Election	Participant Contribution	Client Contribution	Requests Paid	Balance
Medical (Out-of-Pocket) Expenses	\$ 1,000.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
4800-0000-2764 (Active)					
Spring, Abby	Annual Election	Participant Contribution	Client Contribution	Requests Paid	Balance
Medical (Out-of-Pocket) Expenses	\$ 3,550.00	\$ 1,150.00	\$ 0.00	\$ 0.00	\$ 1,150.00
		\$ 1,150.00	\$ 0.00	\$ 0.00	\$ 1,150.00
4300-0000-2558 (Active)					
Summer, Judy	Annual Election	Participant Contribution	Client Contribution	Requests Paid	Balance
Dependent Care Expenses	\$ 5,000.00	\$ 1,666.65	\$ 0.00	\$ 0.00	\$ 1,666.65
Medical (Out-of-Pocket) Expenses	\$ 2,000.00	\$ 666.64	\$ 0.00	\$ 0.00	\$ 666.64
		\$ 2,333.29	\$ 0.00	\$ 0.00	\$ 2,333.29
4300-0038-8851 (Active)					
Test, Deb	Annual Election	Participant Contribution	Client Contribution	Requests Paid	Balance
Medical (Out-of-Pocket) Expenses	\$ 1,000.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

HSA Contribution Funding Notification

**Sample Company
HSA Contribution Funding Notification**

Identifier	Last Name	First Name	Contribution Date	Employer Contribution	Employee Payroll Deduction	Total Contribution
000001919	Vai	Steve	1/2/2010	\$1.02	\$1.02	\$2.04
000001919	Vai	Steve	1/3/2010	\$1.03	\$1.03	\$2.06
000001919	Vai	Steve	7/21/2010	\$7.21	\$7.21	\$14.42
000001919	Vai	Steve	7/22/2010	\$7.22	\$7.22	\$14.44
000001919	Vai	Steve	7/23/2010	\$7.23	\$7.23	\$14.46
Totals:				\$23.71	\$23.71	\$47.42

**SP-18-0099 Flexible Spending Accounts, Health Savings Accounts, Cafeteria Plan, and COBRA Services
Official Bid Price Sheet - Revised 3/20/18**

TAB 1: INSTRUCTIONS

GENERAL INSTRUCTIONS: Complete the cells highlighted in orange on the the remaining Tabs in this Official Bid Price Sheet. Do not alter, write, or mark on the Official Bid Price Sheet except to enter the pricing in the designated orange pricing cells or as otherwise instructed herein.

TAB 2 ESTIMATED TOTAL COST INSTRUCTIONS: Enter the Prospective Contractor's name in the designated orange cell. The remaining cells in Tab 2 will automatically populate based on the fees entered by the Prospective Contractor on Tab 3 in this Official Bid Price Sheet. The 36 Month (Initial Term) Estimated Total Cost will be used for determining lowest cost.

TAB 3 ADMINISTRATION AND MANAGEMENT COSTS INSTRUCTIONS:

*****Tables in Tab 3 will be used for determining lowest cost.*****

Table 3.1 ARCap Administration and Management: In the orange pricing cells, enter the Per Member Per Month Fee for active ARCap Members as specified, inclusive of all costs necessary to meet the requirements for the administration and management of the Benefit Package Option listed for ASE **except** for the fees entered into Tables 3.3, 3.4, and 3.5.

Table 3.2 HSA Administration and Management : In the orange pricing cell, enter the Per Member Per Month Fee for active HSA Members inclusive of all costs necessary to meet the requirements for the Administration and Management of the HSA Program for ASE and PSE **except** for the fees entered into Tables 3.3, 3.4, and 3.5.

Table 3.3 Implementation: In the orange pricing cell, enter a one-time fee inclusive of all costs necessary for meeting the Implementation requirements **except** for the fees entered into Tables 3.4 and 3.5.

Table 3.4 Training: In the appropriate orange pricing cell, enter the per unit cost of each in-person training session and the per unit cost of each webinar.

Table 3.5 Open Enrollment/HIR Sessions: In the orange pricing cell, enter the per unit cost for each Open Enrollment/HIR Session provided to EBD and State Agency and public school HIR's.

**SP-18-0099 Flexible Spending Accounts, Health Savings Accounts, Cafeteria Plan, and COBRA Services
Official Bid Price Sheet - Revised 3/20/18**

TAB 4 COBRA ADMINISTRATION COSTS INSTRUCTIONS: ***Tables in Tab 4 will not be used for determining lowest cost. ***

Table 4.1 Modified COBRA Administration for COBRA Members (GPFSA & LPFSA): Provide a Per COBRA Member Per Month price for COBRA Administration for each orange pricing cell corresponding to each grouped number of separated GPFSA and LPFSA Members (e.g. 1-25) who have elected COBRA continuation for their GPFSA and LPFSAs. Do not include pricing for the COBRA administrative functions currently provided by EBD (as stated in the RFP) should EBD determine the need to retain those administrative functions during the contract term(s).

Table 4.2 Full COBRA Administration for COBRA Members (GPFSA & LPFSA): Provide a Per COBRA Member Per Month price applicable to COBRA Members for COBRA Administration for each orange pricing cell corresponding to each grouped number of separated GPFSA and LPFSA Members (e.g. 1-25) who may elect COBRA continuation for their GPFSA and LPFSAs. Include pricing for the administrative functions currently provided by EBD as stated in the RFP should those administrative functions be transferred to the Contractor during the contract term(s).

Table 4.3 Adding Dental and Vision COBRA Administration for Separated Plan Participants: In the orange pricing cells, provide a Per COBRA Member Per Month price applicable to COBRA Members for COBRA Administration for the estimated number of separated Plan Participants who may elect COBRA continuation of their Dental and/or Vision Insurances should EBD elect to utilize this service during the contract term(s).

Table 4.4 Implementation Required for adding COBRA Administration for Separated Plan Participants: In the orange pricing cell, enter a one-time fee inclusive of all costs necessary for the implementation services required to add COBRA Administration for separated Plan Participants' voluntary dental and vision insurances.

TAB 5 OTHER COSTS INSTRUCTIONS:

Tables in Tab 5 will not be used for determining lowest cost.

Table 5.1 Additional Services: In the column titled *Additional Service Description*, the Prospective Contractor should list any additional services offered beyond those required in the RFP should EBD utilize any of the additional services listed during the contract term(s). In the orange pricing cell column applicable to the pricing strategy, enter the cost for the additional service listed in the *Additional Service Description* column. The Prospective Contractor **shall** enter a cost for each additional service the Prospective Contractor lists in the *Additional Service Description* column.

Table 5.2 Adding PSE to ARCap: In the orange pricing cells, enter the Per Member Per Month Fee inclusive of all costs necessary for meeting the requirements for the administration and management of the Benefit Package Option listed for ASE and PSE combined estimated Membership totals **except** for the fees entered into Table 5.3.

Table 5.3 Implementation Required for Adding PSE to ARCap: In the orange pricing cell, enter a one-time fee inclusive of all costs necessary for meeting the requirements for the implementation services required to add PSE to ARCap.

**SP-0099 Flexible Spending Accounts, Health Savings Accounts, Cafeteria Plan, and COBRA Services
Official Bid Price Sheet**

TAB 2: Initial Term Estimated Total Cost

Prospective Contractor Name: Total Administrative Services Corporation

Estimated ARCap Administration & Management Costs	Estimated 36 Month Cost \$ 312,642.00
Estimated HSA Administration & Management Costs	Estimated 36 Month Cost \$ 1,662,552.00
Estimated Implementation Costs	One Time Fee \$ -
Estimated Training Costs	Estimated 3 Year Cost \$ -
Estimated Open Enrollment/HIR Session Costs	Estimated 3 Year Cost \$ -
36 Month (Initial Term) Estimated Total Cost	\$ 1,975,194.00

**SP-18-0099 Flexible Spending Accounts, Health Savings Accounts, Cafeteria Plan, and COBRA Services
Revised Official Bid Price Sheet - Revised 3/20/18**

TAB 3: ADMINISTRATION AND MANAGEMENT COSTS

Table 3.1: ARCap Administration and Management

General Purpose FSA	Per Member Per Month Fee (Active GPFSA Members)	X 2,924 (Estimated Active GPFSA Members)	x 36 Months (Initial Term)
	\$ 2.75	\$ 8,041.00	\$ 289,476.00
Limited Purpose FSA	Per Member Per Month Fee (Active LPFSA Members)	X 52 (Estimated Active LPFSA Members)	x 36 Months (Initial Term)
	\$ 2.75	\$ 143.00	\$ 5,148.00
Dependent Care FSA	Per Member Per Month Fee (Active DCAP Members)	X 182 (Estimated Active DCAP Members)	x 36 Months (Initial Term)
	\$ 2.75	\$ 500.50	\$ 18,018.00

Table 3.2: HSA Administration and Management

Health Savings Accounts	Per Member Per Month Fee (Active HSA Members)	X 23,091 (Estimated Active HSA Members)	x 36 Months (Initial Term)
	\$ 2.00	\$ 46,182.00	\$ 1,662,552.00

Table 3.3: Implementation

Implementation	One Time Fee
	\$ -

Table 3.4: Training

Training	Per In-Person Training Session	Estimated # of Training Sessions Per Year	x 3 Year (Initial Term)
	\$ -	2	\$ -
	Per Webinar Training Session		
	\$ -	1	\$ -

Table 3.5: Open Enrollment/HIR Sessions

Open Enrollment/HIR Sessions	Per Open Enrollment Session	Estimated # of Sessions Per Year	x 3 Year (Initial Term)
	\$ -	25	\$ -

**SP-18-0099 Flexible Spending Accounts, Health Savings Accounts, Cafeteria Plan, COBRA Services
Official Bid Price Sheet**

Tab 4 - COBRA Administration Costs

Table 4.1 Modified COBRA Administration for COBRA Members (GPFSA & LPFSA)

Modified COBRA Administration	
Estimated # of COBRA Members	Per COBRA Member Per Month Fee
1-25	\$ 4.25
26-50	\$ 4.00
51-100	\$ 3.90
Over 100	\$ 3.75

Table 4.2 Full COBRA Administration for COBRA Members (GPFSA & LPFSA)

Full COBRA Administration	
Estimated # of COBRA Members	Per COBRA Member Per Month Fee
1-25	\$ 16.35
26-50	\$ 16.00
51-100	\$ 15.85
Over 100	\$ 14.35

Table 4.3 Adding COBRA Administration for Separated Plan Participants (COBRA Members) Dental & Vision Insurances

COBRA Administration for Voluntary Dental & Vision	Per COBRA Member Per Month Fee	X 151 (Estimated COBRA Members)	x 12 months (Initial Term)
	\$ 11.25	\$ 1,698.75	\$ 20,385.00

Table 4.4 One Time Implementation Fee for adding COBRA Administration for Voluntary Dental & Vision

COBRA Implementation	One Time Fee
	\$ -

Estimated Initial Term Total Cost for adding COBRA Administration for Voluntary Products (Dental & Vision)	\$ 20,385.00
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**SP-18-0099 Flexible Spending Accounts, Health Savings Accounts, Cafeteria Plan, COBRA Services
Official Bid Price Sheet**

TAB 5: OTHER COSTS

Table 5.1 Additional Services

Additional Service Description	PMPM Fee	Per Occurrence	Annual Total Cost	1 Time Fee	Other

Table 5.2 Adding PSE to ARCap*

General Purpose FSA	Per Member Per Month Fee	X 8,191 (Estimated ASE & PSE Combined Members)	x 12 Months (Initial Term)
	\$ 2.50	\$ 20,477.50	\$ 245,730.00
Limited Purpose FSA	Per Member Per Month Fee	X 146 (Estimated ASE & PSE Combined Members)	x 12 Months (Initial Term)
	\$ 2.50	\$ 365.00	\$ 4,380.00
Dependent Care FSA	Per Member Per Month Fee	X 510 (Estimated ASE & PSE Combined Members)	x 12 Months (Initial Term)
	\$ 2.50	\$ 1,275.00	\$ 15,300.00

Table 5.3 Implementation Required for Adding PSE to ARCap

One Time Implementation Fee	\$ -
Estimated Initial Term Total Cost for adding PSE to ARCap	\$ 265,410.00