



Reimbursement Plans Sample Communications



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Table of Contents

Introduction.....	5
Summary of Notification Types and Timing	6
Spending Account Communications	6
Welcome Kits	6
Spending Account Notices	6
Benefits Card Communications.....	6
Manual Claim Communications	6
Spending Account Alerts.....	6
Health Savings Account (HSA) Communications.....	7
Welcome Kits	7
HSA Account Notices.....	7
Spending Account Communications	8
Welcome Kits	8
Enrollee Welcome Confirmation (FSA)	8
Commuter Welcome Confirmation	11
Spending Account Notices	12
Benefits Card has been Mailed	12
Billing Address Change.....	13
Shipping Address Change.....	14
Year End Reminder	15
End of Run-out.....	16
Benefits Card Communications.....	17
Benefits Card Lost or Stolen.....	17
Benefits Card Transaction Denied/Declined	18
Benefits Card Documentation Request	19
Benefits Card Documentation Second Request.....	20
Benefits Card Transaction Approved	21
Benefits Card Insufficient Documentation Received	22
Benefits Card Ineligible Claim Notification	23
Benefits Card Ineligible Claim Reminder Letter	24
Benefits Card Deactivated	25
Benefits Card Ineligible Transaction Resolved	26
Manual Claims Communication	27

Online Claim Confirmation.....	27
Manual Claim Paid	28
Manual Claim Denied.....	29
Spending Account and HSA Alerts	30
Account Balance Statement.....	30
Direct Deposit Account Change	31
Email Address Change.....	32
Password Change – Mobile.....	33
UMB HSA Communications	34
UMB HSA Welcome Confirmation	34
UMB HSA Account Notices.....	35
UMB HSA CIP Documentation Letter	35
UMB HSA CIP Reminder Letter	37
UMB HSA CIP Failure Letter	39
UMB HSA Online Statement	40
UMB HSA Paper Statement.....	41
UMB HSA 1099-SA HSA Tax Form	42
UMB HSA 5498-SA HSA Tax Form	43
UMB HSA Billing Address Change	44
UMB HSA Shipping Address Change	45
UMB HSA Email Address Change	46
UMB HSA Deposit Received	47
UMB HSA Failed Bill Pay Payment	48
UMB HSA Bill Pay Complete.....	49
TRI-AD – UMB HSA Account Re-Association Alert	50
UMB Bank HSA Forms	52
WealthCare Saver (WCS) HSA Communications.....	53
WCS HSA Welcome Confirmation	53
WCS HSA Account Notices	55
WCS HSA CIP Documentation Letter.....	55
WCS HSA CIP Reminder Letter	57
WCS HSA CIP Failure Letter	59
WCS HSA Online Statement	60
WCS HSA Paper Statement	61

WCS 1099-SA HSA Tax Form	62
WCS 5498-SA HSA Tax Form	63
WCS HSA Billing Address Change.....	64
WCS HSA Shipping Address Change.....	65
WCS HSA Email Address Change.....	66
WCS HSA Deposit Received.....	67
WCS HSA Bill Pay Complete	68
WCS HSA Failed Payment.....	69
WCS HSA Investment Trade Confirmation.....	70
WCS HSA Investment Statement	70
TRI-AD – WCS HSA Account Re-Association Alert	71
WealthCare Saver HSA Forms.....	73
Client Resources	74
Aptia365 Client Communication Hub	74
Aptia365 Client Training Hub	74

Introduction

This guide is intended to assist employers in understanding the types of communications their reimbursement participants will receive and provide samples.

The following sample communications should NOT be copied by the Employer and sent to participants as the content might not be current.

Summary of Notification Types and Timing

Spending Account Communications

Welcome Kits

- Enrollee Welcome Confirmation (FSA): **Upon opening of HCFSA, LPFSA and DCFSA**
- Commuter Welcome Confirmation: **Upon opening of Commuter Account**

Spending Account Notices

- Billing Address Change: **Date/time of change**
- Shipping Address Change: **Date/time of change**
- Reimbursement Account Balance Statement: **January 1, April 1, July 1 & October 1**
- Year-End Reminder: **45 days prior to plan year end***
- End of Run-out: **30 days prior to run out date***

Benefits Card Communications

- Benefits Card has been Mailed: **Date card is mailed**
- Benefits Card Lost or Stolen: **Date/time of change**
- Benefits Card Transaction Denied/Declined: **Date/time card transaction is denied at the merchant**
- Benefits Card Documentation Request: **Day 1**
- Benefits Card Documentation Second Request: **Day 30**
- Benefits Card Transaction Approved: **Sent on the day that the claim is approved based on documentation provided**
- Benefits Card Insufficient Documentation Received: **Day 1**
- Benefits Card Ineligible Claim Notification: **1 day after the claim is denied or 30 days after the Insufficient Documentation Received Letter (if documentation is not provided)**
- Benefits Card Ineligible Claim Reminder Letter: **Day 30**
- Benefits Card Deactivated: **Day 60 (if no documentation is received)**
- Benefits Card Ineligible Transaction Resolved: **Sent on the day that the claim is resolved by offsetting from another claim or participant repayment**

Manual Claim Communications

- Online Claim Confirmation: **Date/time of claim entry**
- Manual Claim Paid: **Day 1**
- Manual Claim Denied: **Day 1**

Spending Account Alerts

- Direct Deposit Account Change: **Date/time of change**
- Email Address Change: **Date/time of change**
- Password Change – Mobile: **Date/time of change**

Health Savings Account (HSA) Communications

Welcome Kits

- HSA Welcome Confirmation: **Upon opening of HSA**

HSA Account Notices

- HSA CIP Documentation Letter: **Day 1 - 3**
- HSA CIP Reminder Letter: **45 days from the initial Documentation Letter**
- HSA CIP Failure Letter: **45 days from the Reminder Letter**
- HSA Online Statement: **January 1, April 1, July 1 & October 1**
- HSA Paper/Mailed Statement: **End of March, June, September, and December**
- 1099-SA HSA Tax Form: **No later than 1/31** (posted or mailed based on employee delivery preference)
- 5498-SA HSA Tax Form: **No later than 5/31** (posted or mailed based on employee delivery preference)
- HSA Billing Address Change: **Date/time of change**
- HSA Shipping Address Change: **Date/time of change**
- HSA Email Address Change: **Date/time of change**
- HSA Deposit Received: **Date/time of change**
- HSA Bill Pay Complete: **Date/time of change**
- HSA Failed Bill Pay Payment: **Date/time of change**
- TRI-AD – Account Re-Association Alert: **Sent 1 – 3 days after the Employment termination record is received**

Spending Account Communications

Welcome Kits

Enrollee Welcome Confirmation (FSA)

- Includes HCFSA, DCFSA, and Combo/Limited Purpose FSA
- The participant would receive one email per plan that the participant enrolls in.
- Email is sent date on the date that enrollment is processed. Communication would be mailed if no email address is on file.
- No option for opt-out upon initial enrollment, Participant may opt in or opt out for future plan year confirmations
- Sender is noreply@tri-ad.aptia365.com

Email Subject: WELCOME: Confirmation of Enrollment in Your Aptia365 Account



Administrator Name:	Aptia365
Administrator Address:	PO Box 424 Escondido, CA 92033
Employer Name	Stellar Technologies

Plan	Plan Start Date	Plan End Date	Effective Date
Health Care Flexible Spending Account	1/1/2024	12/31/2024	1/1/2024

Dear Participant,

Your enrollment has been successfully processed and you are enrolled in one or more Aptia365 accounts.

Helpful Tips to Take Full Advantage of your Aptia365 Reimbursement Account

1. Use your Aptia365 Benefits Card instead of paying for services out-of-pocket. If you do not already have an Aptia365 Benefits Card to use with these accounts, you will receive one in the mail within 10 business days in an unmarked white envelope (for security purposes). For your convenience, all of your Aptia365 spending and savings accounts are managed through a single Benefits Card.
2. Download our mobile app "Your Flex Benefits" available in the Apple App Store or Google Play. A one-time registration is required to use the app.

- Registration: Register using your name, zip code, and Benefits Card number. The "Your Flex Benefits" app will guide you to confirm your identity, create a User ID, and choose and confirm a password that meets the provided specifications.

- Note: If you do not have a Benefits Card number available, you will be prompted to enter your Employee ID and Employer ID. This information may be found by logging into the online portal. Once you are in the online portal, under Main Navigation on the top left side of the page, click on User Profile > Mobile App Registration. The next screen will provide your Employee ID and Employer ID required for mobile app registration. The "Your Flex Benefits" app will guide you to confirm your identity, create a User ID, and choose and confirm a password that meets the provided specifications.

3. Register your account online at www.yourflexbenefits.aptia365.com/. Within the participant portal you will have access to:
 - Add your direct deposit information for the fastest reimbursements
 - View and verify plan details, account balances(s) and transaction history
 - Access to educational resources.
4. Once you receive your Benefits Card debit card, you can set up Mobile Pay on your device. With Mobile Pay, you can quickly and easily pay for eligible benefit account expenses, both in-store and online, using your digital wallet app on your mobile device. Use [these instructions](#) to add your card to Google Pay, Apple Pay, or Samsung Pay for the ultimate convenience.

Reimbursement Account FAQs

1. How do I check my account balance(s)?

You can access your account through the “Your Flex Benefits” mobile app or by visiting www.yourflexbenefits.aptia365.com/. Please register if you are a first-time user or log in with your existing credentials.

2. Can I check on the status of a claim and see if it has been paid yet?

Log into your account through the “Your Flex Benefits” mobile app or by navigating to www.yourflexbenefits.aptia365.com. In the mobile app, you may access your submitted claims by clicking the Account Activity button at the bottom of the screen or through the top left menu. Click on the transaction you wish to view. You may also access the same detailed information through the online portal by logging in and clicking on the Flex Benefits box to access your account. On the Personal Dashboard you will see Recent Transactions which displays all the recent activity. Click on the transaction you wish to view. The list can be filtered by Year, Plan, and Type of Transaction. Under Type, click on Claims and to see all claims submitted and their status.

3. My Benefits Card was lost or stolen; how can I get a new one?

Log into your account through the “Your Flex Benefits” mobile app or by navigating to www.yourflexbenefits.aptia365.com. In the mobile app, click on the top right user icon to access the Benefits Card(s) associated with your account. Click on Cards and then the image of the card you wish to report as lost or stolen. When you report a card as lost or stolen you will have the option to order a replacement card. You may also report a card as lost or stolen in the online portal. Once online, click on the Flex Benefits box to access your account. In the upper right corner where it displays “Hi, (user’s name)” - hover over the name or click the down arrow. Click Debit Card > Report Lost/Stolen. After clicking the Report Lost/Stolen button, a popup will provide the option to order a replacement card.

4. What is the deadline for claims submission for my account?

Log into your account through the “Your Flex Benefits” mobile app or by navigating to www.yourflexbenefits.aptia365.com. In the mobile app, click on Details for the account you wish to view. This page will display the dates for claims submission deadlines. You may also log into your account through the online portal. Click on the Flex Benefits box to access your account. Go to the menu on the top left and select My Accounts > Benefit Account Summary. This page will display dates for claims submission deadlines.

5. What documentation do I need to submit with my Health Care FSA claim to get it approved?

The IRS requires supporting documentation for some claims. The acceptable claim documentation must include the following: - Date the service was provided - The service provider’s name - The name of the person for whom the service was provided - The cost of the service incurred - A clear and detailed service description.

6. How do I update my address in the system?

Demographic information, including address and email address, should be updated with your employer who will then provide that information to update your account.

7. How can I add a dependent to my account? Can I get them a Benefits Card to use?

You will be able to update your dependent information and issue them a Benefits Card after your plan's effective date. Once the plan has started, log into your account through the "Your Flex Benefits" mobile app or by navigating to www.yourflexbenefits.aptia365.com. In the mobile app, click on the top right user icon and then Personal Information. Click the Add button for Family Members. Add the appropriate information, plans associated, and order a debit card if applicable. You may also add a dependent and order a Benefits Card by logging into your account through the online portal. Click on Flex Benefits to access your account. In the upper right corner where it displays "Hi, (user's name)" - - hover over the user name or click the down arrow. Click on Profile and scroll to the bottom and click on the blue button to Add Family Member. Add the appropriate information, plans associated, and order a debit card if applicable.

8. How can I check to see if my expense is an eligible purchase?

You can check the eligibility of an item through the "Your Flex Benefits" mobile app or by navigating to www.yourflexbenefits.aptia365.com. The mobile app's Bar Code Scanner can be accessed through the top left menu. Click on Check Item Eligibility and use your smartphone to scan a bar code to receive instant information on item eligibility. You may also log into your account at www.yourflexbenefits.aptia365.com. Click on the Flex Benefits box to access your account. Go to the menu on the top left and select Resources. Click on Eligibility List to search.

9. I submitted a claim and never received a check for it. How can I get a check reissued?

To have a check reissued, please email Aptia365 Participant Services with detailed information at myflexbenefits@tri-ad.Aptia365.com.

10. How can I add direct deposit information to my account?

Log into your account through the "Your Flex Benefits" mobile app or by navigating to www.yourflexbenefits.aptia365.com. On the mobile app, click on the top right user icon and then Personal Information. Click on Edit and then the Reimbursement Method to find the Direct Deposit Account set up. You may also log into your account at www.yourflexbenefits.aptia365.com. Click on the Flex Benefits box to access your account. In the upper right corner where it displays "Hi, (user's name)" - - hover over the user name or click the down arrow. Click on Profile to find the Direct Deposit Account set up.

11. Why was my Benefits Card transaction declined?

Some merchants are not eligible for Benefits Card transactions as they fall outside the merchant code guidelines. You should have received an automatic email explaining that your card transaction was declined and why. If the purchase was made by paying with another method and you feel your purchase was eligible, please submit a claim online or via the mobile app.

If you have any questions, please contact Participant Services Monday through Friday from 8 am to 9 pm ET at (866) 268-0142.

Aptia365

Commuter Welcome Confirmation

- Email is sent on the date that enrollment is processed. Communication would be mailed if no email address is on file.
- No option for opt-out
- Sender is noreply@tri-ad.aptia365.com

Email Subject: WELCOME: Confirmation of Enrollment in Your Aptia365 Account



Administrator Name:	Aptia365
Administrator Address:	PO Box 424 Escondido, CA 92033
Employer Name	Stellar Technologies
Participant Name	Susan Sample

Effective Date	Plan End Date	Plan Start Date	Plan
1/1/2024	12/31/2024	1/1/2024	Transit

Dear Participant,

Your enrollment has been successfully processed and you are enrolled in one or more Aptia365 accounts.

Helpful Tips to Take Full Advantage of your Aptia365 Reimbursement Account

1. Use your Aptia365 Benefits Card instead of paying for services out-of-pocket. If you do not already have an Aptia365 Benefits Card to use with these accounts, you will receive one in the mail within 10 business days in an unmarked white envelope (for security purposes). For your convenience, all of your Aptia365 spending and savings accounts are managed through a single Benefits Card.
2. Download our mobile app "Your Flex Benefits" available in the Apple App Store or Google Play. A one-time registration is required to use the app.

- Registration: Register using your name, zip code, and Benefits Card number. The "Your Flex Benefits" app will guide you to confirm your identity, create a User ID, and choose and confirm a password that meets the provided specifications.

- Note: If you do not have a Benefits Card number available, you will be prompted to enter your Employee ID and Employer ID. This information may be found by logging into the online portal. Once you are in the online portal, under Main Navigation on the top left side of the page, click on User Profile > Mobile App Registration. The next screen will provide your Employee ID and Employer ID required for mobile app registration. The "Your Flex Benefits" app will guide you to confirm your identity, create a User ID, and choose and confirm a password that meets the provided specifications.

3. Register your account online at www.yourflexbenefits.aptia365.com. Within the participant portal you will have access to:
 - Add your direct deposit information for the fastest reimbursements
 - View and verify plan details, account balances(s) and transaction history
 - Access to educational resources.

If you have any questions, please contact Participant Services Monday through Friday from 8 am to 9 pm ET at (866) 268-0142.

Aptia365
PO Box 424
Escondido, CA 92033

Spending Account Notices

Benefits Card has been Mailed

- Email and/or Text: Date that the card is mailed
- No option for opt-out
- Sender is noreply@tri-ad.aptia365.com

Text Alert: Your Benefits Card was mailed on [CARD MAILED DATE] and should be arriving shortly. Text STOP to stop.

Email Subject: UPDATE: Your New Benefits Card has been Mailed



Administrator Name:	Aptia
Administrator Address:	PO Box 424 Escondido, CA 92033
Employer Name	Stellar Technologies

Card Mailed Address:
Susan Sample
221 W Crest St Ste 300
Escondido, CA 92025

Card #	Card Mailed Date	Shipping Method
XXXXXXXXXXXX1234	4/3/2024	Standard – U.S. Mail

Dear Participant,

This is a courtesy email to let you know that your new Aptia365 Benefits Card has been mailed. You will receive your Benefits Card in the mail within 10 business days in an unmarked white envelope (for security purposes).

Visit the Aptia365 participant portal at www.yourflexbenefits.aptia365.com and check out all of the great tools and resources available to help you manage your account:

- Add your direct deposit information for the fastest reimbursements
- View account balance(s) and transaction history
- Access to educational resources

For additional convenience download our mobile app “Your Flex Benefits” available in the Apple App Store or Google Play.

Aptia365
PO Box 424
Escondido, CA 92033

Billing Address Change

This is for address changes other than card mailing address

- Email and/or Text: Date/Time of change
- No option for opt-out
- Sender is noreply@tri-ad.aptia365.com

Text: Aptia365 Alert: Your billing address has been changed. Log in at www.yourflexbenefits.aptia365.com to verify. Text STOP to stop.

Email Subject: UPDATE: Your Aptia365 Address has been Changed



Administrator Name:	Aptia365
Administrator Address:	PO Box 424 Escondido, CA 92033
Employer Name	Stellar Technologies
Participant Name	Susan Sample

New Billing Address:
1234 N. Main St.
San Diego, CA 92100

Dear Participant,

This is a courtesy email to let you know your address has been updated in our system. Please make sure any changes with your address are also updated with your employer; otherwise, this change could be overwritten. If you did not authorize this change or if you have questions, please contact Aptia365 Participant Services Monday through Friday 8 am to 9 pm ET at (866) 268-0142.

Your information can also be viewed in the Aptia365 participant portal at www.yourflexbenefits.aptia365.com.

While you are in the participant portal, make sure to check out all of the great tools and resources available to help you manage your account:

- Add your direct deposit information for the fastest reimbursements
- View account balance(s) and transaction history
- Access to educational resources

For additional convenience download our mobile app "Your Flex Benefits" available in the Apple App Store or Google Play.

Aptia365
PO Box 424
Escondido, CA 92033

Shipping Address Change

This is for address changes for card mailing address

- Email and/or Text: Date/Time of change
- No option for opt-out
- Sender is noreply@tri-ad.aptia365.com

Text: Aptia365 Alert: Your billing address has been changed. Log in at www.yourflexbenefits.aptia365.com to verify. Text STOP to stop.

Email Subject: UPDATE: Your Aptia365 Shipping Address has been Changed



Administrator Name:	Aptia365
Administrator Address:	PO Box 424 Escondido, CA 92033
Employer Name	Stellar Technologies
Participant Name	Susan Sample

New Shipping Address:
1234 N. Main St.
San Diego, CA 92100

Dear Participant,

This is a courtesy email to let you know your address has been updated in our system. Please make sure any changes with your address are also updated with your employer; otherwise, this change could be overwritten. If you did not authorize this change or if you have questions, please contact Aptia365 Participant Services Monday through Friday 8 am to 9 pm ET at (866) 268-0142.

Your information can also be viewed in the Aptia365 participant portal at www.yourflexbenefits.aptia365.com.

While you are in the participant portal, make sure to check out all of the great tools and resources available to help you manage your account:

- Add your direct deposit information for the fastest reimbursements
- View account balance(s) and transaction history
- Access to educational resources

For additional convenience download our mobile app “Your Flex Benefits” available in the Apple App Store or Google Play.

Aptia365
PO Box 424
Escondido, CA 92033

Year End Reminder

- Sent 45 day prior to end of plan year
- Email and/or Text
 - NOTE: If an email address is added prior to plan year end, the most recent notice will be emailed at that time. Prior mailed versions are not sent.
- Participant may opt-in or opt-out
- Sender is noreply@tri-ad.aptia365.com

Text: Aptia365 Alert: Your current [PLAN TYPE]'s end date is [YEAR END DATE]. Your current available balance is [Disb. Bal.] Text STOP to stop.

Email Subject: IMPORTANT: Your Aptia365 Plan Year End is Approaching



Administrator Name:	Aptia365
Administrator Address:	PO Box 424 Escondido, CA 92033
Employer Name	Stellar Technologies
Participant Name	Susan Sample

Type	Start Date	End Date	Run Out Date	Election	Total Contributions	Disbursements	Balance
FSA	1/1/2024	12/31/2024	3/31/2025	\$2,600	\$2,600	\$2,505	\$95

Dear Participant,

This is an important reminder regarding your benefit account. The end of your plan year is fast approaching. You have until the last day of your Plan Year to incur expenses to use your remaining account funds.

For additional account information, log into the Aptia365 participant portal at www.yourflexbenefits.aptia365.com or download our mobile App "Your Flex Benefits" available in the Apple App Store or Google Play.

If you have any questions, please contact our Participant Services Monday through Friday from 8 am to 9 pm ET at (866) 268-0142.

Aptia365
PO Box 424
Escondido, CA 92033

End of Run-out

- Email and/or Text: 30 days prior to run out date
- Participant may opt-in or opt-out
- Sender is noreply@tri-ad.aptia365.com

Text: Aptia365 Alert: You may submit claims for your [PLAN TYPE] until [RUNOUT DATE]. Your current balance is [Disb. Bal]. Text STOP to stop.

Email Subject: IMPORTANT: Your Aptia365 Account Run-Out Date is Approaching



Administrator Name:	Aptia365
Administrator Address:	PO Box 424 Escondido, CA 92033
Employer Name	Stellar Technologies
Participant Name	Susan Sample

Account Details:

Type	Start Date	End Date	Run Out Date	Election	Total Contributions	Disbursements	Balance
FSA	1/1/2024	3/31/2024	4/1/2025	\$2,600	\$50	\$2,505	\$95

Dear Participant,

This is an important reminder regarding your Aptia365 benefit account(s). Your account(s) listed above have a "Run-Out Date" that is quickly approaching. You have until the Run-Out Date to submit claims and required receipt documentation for expenses to be eligible for reimbursement from the prior Plan Year.

Up until the Run-Out Date listed above, you may file claims for expenses incurred during the prior Plan Year; however, your Benefits Card should not be used to pay for prior plan year expenses.

For additional convenience download our mobile app "Your Flex Benefits" available in the Apple App Store or Google Play.

With the online and mobile tools, using your remaining balance has never been easier:

- Submit claims via the participant portal at www.yourflexbenefits.aptia365.com or with the "Your Flex Benefits" mobile app
- Receipt documentation can be submitted by taking a picture with your mobile device or uploading a scanned image to the participant portal or mobile app
- Establish direct deposit for your reimbursements

If you have any questions, please contact our Participant Services Monday through Friday 8 am to 9 pm ET (866) 268-0142.

Sincerely,
Aptia365 Participant Services

Benefits Card Communications

Benefits Card Lost or Stolen

- Email and/or Text: Date/time of change
- No option for opt-out
- Sender is noreply@tri-ad.aptia365.com

Text: Aptia365 Alert: Your Benefits Card ending in [XXXX] has been reported lost/stolen. Call (866) 268-0142 with questions. Text STOP to stop.

Email Subject: UPDATE: Your Benefits Card was Reported Lost or Stolen

Administrator Name:	Aptia365
Administrator Address:	PO Box 424 Escondido, CA 92033
Employer Name	Stellar Technologies
Participant Name	Susan Sample

Account Details:

Card Lost/Stolen Date	Card #	Cardholder Name
3/28/2024	XXXXXXXXXXXX2492	Susan Sample

Dear Participant,

This is a courtesy email to let you know that your Aptia365 Benefits Card has been deactivated because it was reported lost or stolen. If you did not authorize this change, please contact our Participant Services Monday through Friday from 8 am to 9 pm ET at (866) 268-0142.

If you have ordered a replacement Benefits Card, it is on its way and will be sent to the address in your account profile.

Please log into the participant portal at www.yourflexbenefits.aptia365.com and verify the address we have on record is correct. You will receive another communication when your new card is in the mail.

You will receive your replacement card in the mail within 10 business days in an unmarked white envelope (for security purposes). Until your card arrives, you may still request reimbursement for qualified purchases by submitting a claim through the Aptia365 participant portal or through the "Your Flex Benefits" mobile app.

If you have any questions, please contact our Participant Services Monday through Friday from 8 am to 9 pm ET at (866) 268-0142.

Aptia365
PO Box 424
Escondido, CA 92033

Benefits Card Transaction Denied/Declined

- Email and/or Text: Sent at the time the card transaction is denied at the merchant
- No option for opt-out
- Sender is noreply@tri-ad.aptia365.com

Text: Aptia365 Alert: Your Benefits Card transaction has been denied. Call (866) 268-0142 with questions. Text STOP to stop.

Email Subject: IMPORTANT: Your Benefits Card Transaction was Denied

Administrator Name:	Aptia365
Administrator Address:	PO Box 424 Escondido, CA 92033
Employer Name	Stellar Technologies

Card #	Transaction Amount	Transaction Date	Denial Reason
XXXXXXXXXXXX2492	\$11.00	3/28/2024 1:44:15 PM	Not accepted at this merchant

Dear Participant,

Your recent Benefits Card transaction was denied. Please see the information listed above for additional details. Your account information can also be viewed in the Aptia365 participant portal at www.yourflexbenefits.aptia365.com.

If you believe that your card was denied in error or have questions, please contact Aptia365 Participant Services Monday through Friday from 8 am to 9 pm ET at (866) 268-0142.

Aptia365
PO Box 424
Escondido, CA 92033

Benefits Card Documentation Request

- Notice sent for card claims denied due to no documentation
- Email Only – Day 1
- No option for opt-out
- Sender is noreply@tri-ad.aptia365.com

Email Subject: Initial Request for Documentation



Sample, Sandy
1234 Main St.
San Diego, CA 92121
Employer: Stellar Technologies

Document Tracking # 9999-9999-9999

Date	Amount Approved	Description	Posted Amount	Account Description
1/1/2024	\$25.00	Pharmacy	\$25.00	HCFSA

The Benefits Card transaction listed above has been received and the transaction is pending substantiation. Per IRS regulations, transactions must be substantiated to validate expenses are eligible under your plan. The above listed transaction is currently in a Pending status for documentation.

Please submit a copy of your EOB (Explanation of Benefits), a detailed statement from your provider, or another form of supporting documentation. Please Note: Credit card receipts, canceled checks, and Estimates or Balance Forward statements do not provide the level of detail needed to substantiate transactions. Per IRS regulations, acceptable documentation MUST include the following:

1. Provider name
2. Date(s) service was incurred, not the date you paid
3. Type or description of service(s)
4. Patient/Dependent(s) name
5. Amount/out-of-pocket cost

Documentation should be submitted within 30 days to prevent your Benefits Card from being suspended. If we do not receive sufficient documentation for the Benefits Card transaction(s) referenced above, IRS regulations require your Benefits Card to be temporarily deactivated until the transaction(s) is resolved. You can submit your documentation/receipts using one of the following methods:

- Mobile App: "Your Flex Benefits" available in the Apple App Store or Google Play
- Online: The Aptia365 participant portal at www.yourflexbenefits.aptia365.com
- Fax: (844) 791-8319, using this document as your fax cover sheet

If you have any questions, please contact our Participant Services Monday through Friday from 8 am to 9 pm ET at (866) 268-0142.

Aptia365
PO Box 424
Escondido, CA 92033

Benefits Card Documentation Second Request

- Email Only – Day 30
- No option for opt-out
- Sender is noreply@tri-ad.aptia365.com

Email Subject: Second Request for Documentation



Sample, Sandy
1234 Main St.
San Diego, CA 92121
Employer: Stellar Technologies

Document Tracking # 9999-9999-9999

Date	Description	Posted Amount	Account Description	Settlement Date	Sequence Number
1/1/2024	Pharmacy	\$25.00	HCFA	1/1/2024	30000017

Second Request:

The Benefits Card transaction listed above has been received and the transaction is pending substantiation. Per IRS regulations, transactions must be substantiated to validate expenses are eligible under your plan.

Please submit a copy of your EOB (Explanation of Benefits), a detailed statement from your provider, or another form of supporting documentation. Please Note: Credit card receipts, canceled checks, and Estimates or Balance Forward statements do not provide the level of detail needed to substantiate transactions. Per IRS regulations, acceptable documentation MUST include the following:

1. Provider name
2. Date(s) service was incurred, not the date you paid
3. Type or description of service(s)
4. Patient/Dependent(s) name
5. Amount/out-of-pocket cost

Documentation should be submitted within 30 days to prevent your Benefits Card from being suspended. If we do not receive sufficient documentation for the Benefits Card transaction(s) referenced above, IRS regulations require your Benefits Card to be temporarily deactivated until the transaction(s) is resolved. You can submit your documentation/receipts using the following methods:

- Mobile App: "Your Flex Benefits" available in the Apple App Store or Google Play
- Online: The Aptia365 participant portal at www.yourflexbenefits.aptia365.com
- Fax: (844) 791-8319, using this document as your fax cover sheet

If you have any questions, please contact our Participant Services Monday through Friday from 8 am to 9 pm ET at (866) 268-0142.

Aptia365
PO Box 424
Escondido, CA 9203

Benefits Card Transaction Approved

- Email Only – Sent on the day that claim is approved based on documentation provided
- No option for opt-out
- Sender is noreply@tri-ad.aptia365.com

Email Subject: ATTENTION: Your Claim has been Approved



Sample, Sandy
1234 Main St.
San Diego, CA 92121
Employer: Stellar Technologies

Document Tracking # 9999-9999-9999

Date	Amount Approved	Description	Posted Amount	Account Description	Settlement Date	Sequence Number
1/1/2024	\$25.00	Pharmacy	\$25.00	HCFA	1/1/2024	30000017

Your Benefits Card transaction listed above has now been resolved.

Please Note: If you have additional outstanding transactions pending for substantiation, your Benefits Card may be in a deactivated status. To determine if you have other ineligible transactions, log into your account at www.yourflexbenefits.aptia365.com. Navigate to My Account > Benefit Account Summary > View the Balance Due under the Account Summary. The Balance Due will reflect the total ineligible amount that needs to be resolved before your card will be reactivated.

If you have any questions, please contact our Participant Services Monday through Friday from 8 am to 9 pm ET at (866) 268-0142.

Aptia365
PO Box 424
Escondido, CA 92033

Benefits Card Insufficient Documentation Received

- Notice sent for claims with insufficient documentation
- Email Only – Day 1
- No option for opt-out
- Sender is noreply@tri-ad.aptia365.com

Email Subject: ACTION REQUIRED: Additional Information Required for your Claim



Sample, Sandy
1234 Main St.
San Diego, CA 92121
Employer: Stellar Technologies

Document Tracking # 9999-9999-9999

Date	Amount Approved	Description	Posted Amount	Account Description	Settlement Date	Sequence Number
1/1/2024	\$25.00	Pharmacy	\$25.00	HCFA	1/1/2024	30000017

Thank you for submitting documentation for the Benefits Card transaction listed above. Upon review, additional information is required in order to substantiate the transaction.

Please submit a copy of your EOB (Explanation of Benefits), a detailed statement from your provider, or another form of supporting documentation. Please Note: Credit card receipts, canceled checks, and Estimates or Balance Forward statements do not provide the level of detail needed to substantiate transactions. Per IRS regulations, acceptable documentation MUST include the following:

1. Provider name
2. Date(s) service was incurred, not the date you paid
3. Type or description of service(s)
4. Patient/Dependent(s) name
5. Amount/out-of-pocket cost

Documentation should be submitted within 30 days to prevent your Benefits Card from being suspended. If we do not receive sufficient documentation for the Benefits Card transaction(s) referenced above, IRS regulations require your Benefits Card to be temporarily deactivated until the transaction(s) is resolved. You can submit your documentation/receipts using one of the following methods:

- Mobile App: "Your Flex Benefits" available in the Apple App Store or Google Play
- Online: The Aptia365 participant portal at www.yourflexbenefits.aptia365.com
- Fax: (844) 791-8319, using this document as your fax cover sheet

If you have any questions, please contact Participant Services Monday through Friday from 8 am to 9 pm ET at (866) 268-0142.

Aptia365
PO Box 424
Escondido, CA 92033

Benefits Card Ineligible Claim Notification

- Email Only – 1 day after the claim is denied or 30 days after the insufficient letter (if documentation is not provided). No option for opt-out.
- Sender is noreply@tri-ad.aptia365.com

Email Subject: IMPORTANT: Your Benefits Card Claim Needs to be Resolved



Sample, Sandy
1234 Main St.
San Diego, CA 92121
Employer: Stellar Technologies

Document Tracking # 9999-9999-9999

Date	Amount Approved	Description	Posted Amount	Account Description	Reason	Ineligible Amount	Settlement Date	Sequence Number
1/1/2024	\$25.00	Pharmacy	\$25.00	HCFA	Ineligible	\$25.00	1/1/2024	30000017

The documentation you previously provided has been reviewed and the transaction cannot be substantiated. The reason indicated above will help you understand why.

As a reminder, this transaction can be resolved by responding in one of the following ways:

1. Submit your supporting documentation for this transaction using one of the following methods:
 - Mobile App: "Your Flex Benefits" available in the Apple App Store or Google Play
 - Online: The Aptia365 participant portal at www.yourflexbenefits.aptia365.com
 - Fax: (844) 791-8319, using this document as your fax cover sheet

Per IRS regulations, acceptable documentation MUST include the following:

1. Provider name
2. Date(s) service was incurred, not the date you paid
3. Type or description of service(s)
4. Patient/Dependent(s) name
5. Amount/out-of-pocket cost

Please Note: Credit card receipts, canceled checks, and Estimates or Balance Forward statements do not provide the level of detail needed to substantiate transactions.

2. Submit a new manual claim for an eligible expense using one of the method's above. This new claim will be used to offset some or all of your ineligible Benefits Card transactions.
3. Refund your account by submitting a copy of this letter and your check made payable to your employer for the total listed above in the Posted Amount to: Aptia365 Reimbursement Plans Department, PO Box 424, Escondido, CA 92033

Failure to resolve this transaction may result in your Benefits Card being deactivated.

If you have any questions, please contact Participant Services Monday through Friday from 8 am to 9 pm ET at (866) 268-0142.

Aptia365
PO Box 424
Escondido, CA 92033

Benefits Card Ineligible Claim Reminder Letter

- Email Only – Day 30 No option for opt-out
- Sender is noreply@tri-ad.aptia365.com

Email Subject: REMINDER: Your Benefits Card Claim Still Needs to be Resolved



Sample, Sandy
1234 Main St.
San Diego, CA 92121
Employer: Stellar Technologies

Document Tracking # 9999-9999-9999

Date	Amount Approved	Description	Posted Amount	Account Description	Reason	Ineligible Amount	Settlement Date	Sequence Number
1/1/2024	\$25.00	Pharmacy	\$25.00	HCFSA	Ineligible	\$25.00	1/1/2024	30000017

Second Notice:

The documentation you initially provided has been reviewed and the transaction remains unsubstantiated. The reason indicated above will help you understand why.

As a reminder, this transaction can be resolved by responding in one of the following ways:

- Submit your supporting documentation for this transaction using one of the following methods:
- Mobile App: "Your Flex Benefits" available in the Apple App Store or Google Play
- Online: The Aptia365 participant portal at www.yourflexbenefits.aptia365.com
- Fax: (844) 791-8319, using this document as your fax cover sheet

Per IRS regulations, acceptable documentation MUST include the following:

1. Provider name
2. Date(s) service was incurred, not the date you paid
3. Type or description of service(s)
4. Patient/Dependent(s) name
5. Amount/out-of-pocket cost

Please Note: Credit card receipts, canceled checks, and Estimates or Balance Forward statements do not provide the level of detail needed to substantiate transactions.

- Submit a new manual claim for an eligible expense using one of the method's above. This new claim will be used to offset some or all of your ineligible Benefits Card transactions.
- Refund your account by submitting a copy of this letter and your check made payable to your employer for the total listed above in the Posted Amount to: Aptia365 Reimbursement Plans Department, PO Box 424, Escondido, CA 92033

Failure to resolve this transaction may result in your Benefits Card being deactivated.

If you have any questions, please contact Participant Services Monday through Friday from 8 am to 9 pm ET at (866) 268-0142.

Aptia365
PO Box 424
Escondido, CA 92033

Benefits Card Deactivated

- Email Only – Sent around Day 60, after no response to requested documentation received
- No option for opt-out
- Sender is noreply@tri-ad.aptia365.com

Email Subject: IMPORTANT: Your Benefits Card has been Deactivated



Sample, Sandy
1234 Main St.
San Diego, CA 92121
Employer: Stellar Technologies

Document Tracking # 9999-9999-9999

Date	Amount Approved	Description	Posted Amount	Account Description
1/1/2024	\$25.00	Pharmacy	\$25.00	HCFSA

We have not received the requested documentation for the Benefits Card transaction referenced above. Please be aware your Benefits Card has been temporarily deactivated until the transaction is resolved.

Your transaction can be resolved and your Benefits Card reactivated by responding in one of the following ways:

1. Submit your supporting documentation for this transaction using one of the options listed below. Per IRS regulations, acceptable documentation MUST include the following: Provider name, Date service was incurred, Type or description of service, Patient/Dependent name, Amount paid/out-of-pocket cost. Please Note: Credit card receipts, canceled checks, and Estimates or Balance Forward statements do not provide the level of detail needed to substantiate transactions.
 - Mobile App: "Your Flex Benefits" available in the Apple App Store or Google Play
 - Online: The Aptia365 participant portal at www.yourflexbenefits.aptia365.com
 - Fax: (844) 791-8319, using this document as your fax cover sheet
2. Submit a new manual claim for an eligible expense using one of the method's above. This new claim will be used to offset some or all of your ineligible Benefits Card transactions.
3. Refund your account by submitting a copy of this letter and your check made payable to your employer for the total Posted Amount listed above to: Aptia365 Reimbursement Plans Department, PO Box 424, Escondido, CA 92033.

Your Benefits Card will remain deactivated until the transaction has been resolved.

If you have any questions, please contact Participant Services Monday through Friday from 8 am to 9 pm ET at (866) 268-0142.

Aptia365
PO Box 424
Escondido, CA 92033

Benefits Card Ineligible Transaction Resolved

- Email Only – Date the transaction is resolved
- No option for opt-out
- Sender is noreply@tri-ad.aptia365.com

Email Subject: ATTENTION: Your Ineligible Claim has been Resolved



Sample, Sandy
1234 Main St.
San Diego, CA 92121
Employer: Stellar Technologies

Document Tracking # 9999-9999-9999

Date	Amount Approved	Posted Amount	Account Description	Settlement Date	Sequence Number
1/1/2024	\$25.00	\$25.00	HCFA	1/1/2024	30000017

Your Benefits Card transaction listed above has now been resolved.

Please Note: If you have additional outstanding transactions pending for substantiation, your Benefits Card may be in a deactivated status. To determine if you have other ineligible transactions, log into your account at www.yourflexbenefits.aptia365.com. Navigate to My Account > Benefit Account Summary > View the Balance Due under the Account Summary. The Balance Due will reflect the total ineligible amount that needs to be resolved before your card will be reactivated.

If you have any questions, please contact Participant Services Monday through Friday from 8 am to 9 pm ET at (866) 268-0142.

Aptia365
PO Box 424
Escondido, CA 92033

Manual Claims Communication

Online Claim Confirmation

- Email: Day 1
- Participant may opt-in or opt-out
- Sender is noreply@tri-ad.aptia365.com

Email Subject: ATTENTION: Your Online Claim has been Received

Administrator Name:	Aptia365
Administrator Address:	PO Box 424 Escondido, CA 92033
Employer Name	Stellar Technologies
Participant Name	Susan Sample
Tracking Number	1759
Total Claim Amount:	\$11.00

Manual Claim Details – No Receipt

Service Start Date	Transaction Type
3/29/2024	Claim

Dear Participant,

Your claim has been received and will be processed shortly. You will receive a separate communication once your claim has been processed.

If you have not already done so, you can expedite the reimbursement process by setting up direct deposit through the Aptia365 participant portal at www.yourflexbenefits.aptia365.com or the “Your Flex Benefits” mobile app available in the Apple App Store or Google Play.

If you have any questions, please contact Participant Services Monday through Friday from 8 am to 9 pm ET at (866) 268-0142.

Aptia365
PO Box 424
Escondido, CA 92033

Manual Claim Paid

- Email Only – Date claim is paid.
- No option for opt-out.
- Sender is noreply@tri-ad.aptia365.com

Email Subject: UPDATE: Your Aptia365 Claim has been Paid

Sample, Sandy
 1234 Main St.
 San Diego, CA 92121
 Employer: Stellar Technologies

Account: [111] [11/11/1111-11/11/1111]

Claim# 99999999-99

Tracking # 9999-9999-9999

Service Dates	Description	Claim Amount	Amount Not Reimbursed	Amount Reimbursed	Manual Claim Codes	Reimbursement Date	Reimbursement Type
1/1/2024 - 1/5/2024	Pharmacy	\$55.00	\$0.00	\$55.00		N/A	Direct Deposit

Comments:
Notes:

Manual Claim Code	Description	Amounts
N/A	Total Claim Amount Submitted	[\$55.00]
	Reimbursed Amount:	= \$55.00

Service Date	Benefit	Ineligible Amount	Offset Amount	Remaining Amount
1/1/2024	HCFA	\$0.00	\$0.00	\$0.00

Dear Participant,

Your recent submitted claim has been processed and approved. Please see above for payment details regarding this claim.

For more information regarding this and other claims, as well as details on your benefit account(s), log into the participant portal at www.yourflexbenefits.aptia365.com or by using our mobile app: "Your Flex Benefits" available in the Apple App Store or Google Play.

If you have any questions, please contact Participant Services Monday through Friday from 8 am to 9 pm ET at (866) 268-0142.

Aptia365
 PO Box 424
 Escondido, CA 92033

Manual Claim Denied

- Email Only – Date claim is denied.
- No option for opt-out
- Sender is noreply@tri-ad.aptia365.com

Email Subject: IMPORTANT: Your Recent Claim has been Denied



Sample, Sandy
1234 Main St.
San Diego, CA 92121
Employer: Stellar Technologies

Account: [111] [11/11/1111-11/11/1111]

Claim# 99999999-99 Document Tracking # 9999-9999 Tracking # 9999-9999-9999

Service Dates	Description	Claim Amount	Amount Not Reimbursed	Amount Reimbursed	Manual Claim Codes
1/1/2017-1/5/2017	Pharmacy	\$55.00	\$35.00	\$20.00	003

Manual Claim Code	Description	Amounts
N/A	Total Claim Amount Submitted	[Total Claim]
[003]	[Insufficient Documentation] (<<Status>>)	- [\$35.00]
	Reimbursed Amount:	= \$20.00

The recently received claims listed above have been reviewed. Based on this review, part or all of the claim was not able to be approved. The reason indicated above will help you understand why. If you would like to appeal the denied portion see the appeal process below.

APPEAL PROCESS: If this denial is for a health-related claim and you feel it should be eligible, you have the right to appeal the decision. To appeal your claim log into the participant portal at www.yourflexbenefits.aptia365.com. Once in your account navigate to Resources > Forms and download the Claim Appeal Form. Complete the form and submit a new claim with the appeal form and the required documentation for the claim.

Per IRS regulations, acceptable documentation **MUST** include the following:

1. Provider name
2. Date(s) of service
3. Type or description of service(s)
4. Patient/Dependent(s) name
5. Amount/out-of-pocket cost

You can submit your new claim and appeal form using the following methods:

- Mobile App: "Your Flex Benefits" available in the Apple App Store or Google Play
- Online: The Aptia365 participant portal at www.yourflexbenefits.aptia365.com
- Fax: (844) 791-8319, using this document as your fax cover sheet

If you have any questions, please contact Participant Services Monday through Friday from 8 am to 9 pm ET at (866) 268-0142.

Aptia365
PO Box 424
Escondido, CA 92033

Spending Account and HSA Alerts

Account Balance Statement

- Sent Quarterly on January 1, April 1, July 1 & October 1
- Email Only
 - NOTE: If an email address is added prior to plan year end, the most recent notice will be emailed at that time. Prior mailed versions are not sent.
- Participant may opt-in or opt-out
- Sender is noreply@tri-ad.aptia365.com

Email Subject: Your Aptia365 Account Balance Statement



Administrator Name:	Aptia365
Administrator Address:	PO Box 424 Escondido, CA 92033
Employer Name	Stellar Technologies
Participant Name	Susan Sample

Account Details:

Type	Start Date	End Date	Run Out Date	Election	Total Contributions	Disbursements	Balance
FSA	1/1/2024	12/31/2024	3/31/2025	\$1,300	\$900.00	\$1,205.00	\$95.00
HSA	1/1/2024	12/31/2024	3/31/2025	\$0	\$865.00	\$371.55	\$546.82

Dear Participant,

This email provides a summary view of your active benefit accounts, to see more detail log into the Aptia365 participant portal at www.yourflexbenefits.aptia365.com.

If you have any questions, please contact Participant Services Monday through Friday from 8 am to 9 pm ET at (866) 268-0142.

Aptia365
PO Box 424
Escondido, CA 92033

Direct Deposit Account Change

- Email and/or Text: Date/Time of change
- No option for opt-out
- Sender is noreply@tri-ad.aptia365.com

Text: Aptia365 Alert: Your direct deposit settings have changed. Log in at www.yourflexbenefits.aptia365.com to verify. Text STOP to stop.

Email Subject: UPDATE: Your Aptia365 Direct Deposit Information has been Changed

Administrator Name:	Aptia365
Administrator Address:	PO Box 424 Escondido, CA 92033
Employer Name	Stellar Technologies
Participant Name	Susan Sample

Dear Participant,

This is a courtesy email to let you know that your direct deposit information has been updated in our system. The new account and/or routing number will be used for future reimbursements. Your information can also be viewed in the Aptia365 participant portal at www.yourflexbenefits.aptia365.com.

If you did not authorize this change or have questions, please contact Aptia365 Participant Services Monday through Friday 8 am to 9 pm ET at (866) 268-0142.

Aptia365
PO Box 424
Escondido, CA 92033

Email Address Change

- Emailed to both old and new email addresses
- Email sent when change request occurs
- Old and New email address is shown on the communication
- No option for opt-out
- Sender is noreply@tri-ad.aptia365.com

Text: Aptia Alert: Your email address has been changed. Log in at www.yourflexbenefits.aptia365.com to verify. Text STOP to stop.

Email Subject: UPDATE: Your Email Address has been Changed

Administrator Name:	Aptia365
Administrator Address:	PO Box 424 Escondido, CA 92033
Employer Name	Stellar Technologies
Participant Name	Susan Sample

<u>Previous Email Address</u>	<u>Current Email Address</u>
Susan.sampe@test.com	Susan.sample@test.com

Dear Participant,

This is a courtesy email to let you know that your email address information has been successfully updated in our system. Please make sure any changes with your email address are also updated with your employer; otherwise, this change could be overwritten. The new email address will now be used for all future account-related communications.

Visit the Aptia365 participant portal at www.yourflexbenefits.aptia365.com and check out all of the great tools and resources available to help you manage your account:

- Add your direct deposit information for the fastest reimbursements
- View account balance(s) and transaction history
- Access to educational resources

If you did not authorize this change or have questions, please contact Aptia365 Participant Services Monday through Friday 8 am to 9 pm ET at (866) 268-0142.

Aptia365
PO Box 424
Escondido, CA 92033

Password Change – Mobile

- Email and/or Text: Date/Time of change
- No option for opt-out
- Sender is noreply@tri-ad.aptia365.com

Text: Aptia365 Alert: Your password for the participant portal has been updated. Call (866) 268-0142 with questions. Text STOP to stop.

Email Subject: UPDATE: Your Aptia365 Password has been Changed

Administrator Name:	Aptia365
Administrator Address:	PO Box 424 Escondido, CA 92033
Employer Name	Stellar Technologies
Participant Name	Susan Sample

Dear Participant,

This is a courtesy email to let you know that your password has been updated for your mobile app access. To update your on-line participant portal password please log into your account at www.yourflexbenefits.aptia365.com and navigate to User Profile > Change Password.

While you are in the participant portal, make sure to check out all of the great tools and resources available to help you manage your account:

- Add your direct deposit information for the fastest reimbursements
- View account balance(s) and transaction history
- Access to educational resources

For additional convenience download our mobile app “Your Flex Benefits” available in the Apple App Store or Google Play.

If you did not authorize this change or have questions, please contact Aptia365 Participant Services Monday through Friday 8 am to 9 pm ET at (866) 268-0142.

Aptia365
PO Box 424
Escondido, CA 92033

UMB HSA Communications

UMB HSA Welcome Confirmation

- Email sent date that HSA is approved (Communication would be mailed if no email address on file)
- No option for opt-out
- Sender is hsalerts@myumbhsa.com

Email Subject: Welcome to Your UMB Bank HSA Account



Administrator Name:	Aptia365
Administrator Address:	PO Box 424 Escondido, CA 92033
Employer Name	Stellar Technologies
Plan	Health Saving Account

Dear Participant,

On behalf of Aptia365, thank you for opening a Health Savings Account (HSA) with UMB Bank. An HSA enables you to save, invest and spend funds for qualified medical expenses on a pre-tax basis.

[Click here to Download a copy of your HSA Welcome Guide](https://www.triad.com/pdfs/HSA-Welcome-Kit.pdf). (Note: link is <https://www.triad.com/pdfs/HSA-Welcome-Kit.pdf> - this note does NOT show in the communication)

Helpful Tips to Take Full Advantage of your HSA

1. Use your Aptia365 Benefits Card instead of paying for services out-of-pocket. If you do not already have an Aptia365 Benefits Card to use with these accounts, you will receive one in the mail within 10 business days in an unmarked white envelope (for security purposes). For your convenience, all of your Aptia365 spending and savings accounts are managed through a single Benefits Card.
2. Download our mobile app "Your Flex Benefits" available in the Apple App Store or Google Play. To register on the mobile app, you will need to provide your registration ID and Employee ID.
 - **Registration ID:** Default is Benefits Card number, you can also register using your Employer ID instead of your Benefits Card Number. Employer ID: MMP@#%&@#%
 - **Employee ID:** Your employee ID is either the employee ID given to you by your employer or your full social security number with no dashes.
3. Go paperless and sign up for electronic statements. To enable electronic statements, access your account at www.yourflexbenefits.aptia365.com. On the "Your Accounts" tile select "Statements" below your Health Savings Account. **Please note:** if you wish to receive paper monthly statements, a fee of **\$1.50** will be assessed directly to your HSA.
4. Invest in your future: Once you have a cash account balance of \$1,001 or more you have the opportunity to invest in a variety of mutual funds. Please review the information within the investment tab within your HSA in the Aptia365 participant portal for information regarding investment thresholds, fees and mutual fund options.

If you have any questions, please contact Participant Services Monday through Friday from 8 am to 9 pm ET at (866) 268-0142.

Aptia365
PO Box 424
Escondido, CA 92033

**Investments in mutual funds, through HSA investment accounts are:
Not FDIC-Insured – May Lose Value – No Bank Guarantee*

UMB HSA Account Notices

UMB HSA CIP Documentation Letter

- Email – Sent 1 – 3 days from enrollment date
- Letter mailed if no email is on file
- No option for opt-out
- Sender is hsaalerts@myumbhsa.com

Email Subject: UMB Bank HSA Application Request #1
Health Savings Account (HSA) Verification Needed - Action Required

May 08, 2024

Thank you for your interest in establishing a Health Savings Account (HSA).

In accordance with the USA PATRIOT Act, Federal law requires all financial institutions to obtain, verify, and record information that identifies each individual or entity opening an account.

During our account opening process, we were unable to verify the identifying information you provided in your HSA application.

In order to complete the HSA account opening process, please provide the documentation listed below along with a copy of this notification request.

For fastest processing, visit the following link and enter the three letter code “PSA” in the DocuSign to submit the documentation required: <https://wealthcare.com/hsa/umb>

In order to open your HSA, we need the document(s) below:
Please provide a copy of one of the following:

- Social Security/ITIN Card, or
- Social Security Benefits Award Letter if it reflects full SSN, or
- Recent W-2 form if it reflects full SSN (within last 2 tax years)

And also provide a current (unexpired) copy of one of the following:

- State Issued Driver's License, or
- State Issued ID Card, or
- Passport (US or Foreign), or
- Permanent Resident Card ("Green Card"), or
- Employment Authorization Card

If your picture ID does not include your current residential address, also provide a copy of one of the recent (generated within the last 60 days) documents below:

- Utility Bill (home/mobile phone, internet, cable, water/sewer, electric, gas or oil), or
- Paystub/Voucher, or
- Bank Account/Credit Card Statement, or
- Insurance (Car/Health/Renters/Home)/Investment/Mortgage Statement, or
- Current annual Lease/Rental agreement (within last 12 months)

Important Note: A P.O. Box can only be referenced as a mailing address. There must always be a Residential address referenced in the HSA demographics. Verification documents are required for the Residential address.

Where to Send Your Documentation

Please send a copy of this notification request and the documentation required to validate your identity using one of the submission methods below:

- Upload Online: Access the Aptia365 participant portal at www.yourflexbenefits.aptia365.com and upload your documents on your homepage.
- Fax your documents to: 1-844-560-6761
- Mail your documents to:
UMB Bank - Attn: CIP UPDATE
PO Box 161238
Altamonte Springs, FL 32714

Once your documentation has been received and validated, your HSA will be opened, and you will receive a Welcome Communication.

The Customer Identification Program requires us to close your HSA application if we are unable to verify an account owner's identity.

If you have any questions, please contact our Participant Services Monday through Friday from 8 am to 9 pm ET at (866) 268-0142.

Aptia365
PO Box 424
Escondido, CA 92033

UMB HSA CIP Reminder Letter

- Email – Sent 45 days after initial CIP Letter
- Communication is mailed if no email address on file
- No option for opt-out
- Sender is hsaalerts@myumbhsa.com

Health Savings Account (HSA) Verification Needed - Action Required

Email Subject: UMB Bank HSA Application Request #2

May 09, 2024

Thank you for your interest in establishing a Health Savings Account (HSA).

In accordance with the USA PATRIOT Act, Federal law requires all financial institutions to obtain, verify, and record information that identifies each individual or entity opening an account. During our account opening process, we were unable to verify the identifying information you provided in your HSA application.

In order to complete the HSA account opening process, please provide the documentation listed below along with a copy of this notification request.

For fastest processing, visit the following link and enter the three letter code “PSA” in the DocuSign to submit the documentation required: <https://wealthcare.com/hsa/umb>

In order to open your HSA, we need the document(s) below:

Please provide a copy of one of the following:

- Social Security/ITIN Card, or
- Social Security Benefits Award Letter if it reflects full SSN, or
- Recent W-2 form if it reflects full SSN (within last 2 tax years)

And also provide a current (unexpired) copy of one of the following:

- State Issued Driver's License, or
- State Issued ID Card, or
- Passport (US or Foreign), or
- Permanent Resident Card ("Green Card"), or
- Employment Authorization Card

If your picture ID does not include your current residential address, also provide a copy of one of the recent (generated within the last 60 days) documents below:

- Utility Bill (home/mobile phone, internet, cable, water/sewer, electric, gas or oil), or
- Paystub/Voucher, or
- Bank Account/Credit Card Statement, or
- Insurance (Car/Health/Renters/Home)/Investment/Mortgage Statement, or
- Current annual Lease/Rental agreement (within last 12 months)

Important Note: A P.O. Box can only be referenced as a mailing address. There must always be a Residential address referenced in the HSA demographics. Verification documents are required for the Residential address.

Where to Send Your Documentation

Please send a copy of this notification request and the documentation required to validate your identity using one of the submissions methods below:

- Upload Online: Access the Aptia365 participant portal at www.yourflexbenefits.aptia365.com and upload your documents on your homepage.
- Fax your documents to: 1-844-560-6761
- Mail your documents to:
UMB Bank - Attn: CIP UPDATE
PO Box 161238
Altamonte Springs, FL 32714

Once your documentation has been received and validated, your HSA will be opened, and you will receive a Welcome Communication.

The Customer Identification Program requires us to close your HSA application if we are unable to verify an account owner's identity.

If you have any questions, please contact our Participant Services Monday through Friday from 8 am to 9 pm ET at (866) 268-0142.

Aptia365
PO Box 424
Escondido, CA 92033

UMB HSA CIP Failure Letter

- Email – Sent 45 days after Reminder CIP Letter
- Communication is mailed if no email address on file
- No option for opt-out
- Sender is hsaalerts@myumbhsa.com

Health Savings Account Application Closed

Email Subject: UMB Bank HSA Application Denied

May 10, 2024

Thank you for your interest in establishing a Health Savings Account (HSA).

In accordance with the USA PATRIOT Act, Federal law requires all financial institutions to obtain, verify, and record information that identifies each individual or entity opening an account. During our account opening process, we were unable to verify the identifying information you provided in your HSA application.

Unfortunately, we never received the documentation listed below that was required to verify your identity and complete the HSA account opening process. The Customer Identification Program requires us to close your HSA application if we are unable to verify an account owner's identity.

In order to open your HSA, we need the document(s) below:
Please provide a copy of one of the following:

- Social Security/ITIN Card, or
- Social Security Benefits Award Letter if it reflects full SSN, or
- Recent W-2 form if it reflects full SSN (within last 2 tax years)

And also provide a current (unexpired) copy of one of the following:

- State Issued Driver's License, or
- State Issued ID Card, or
- Passport (US or Foreign), or
- Permanent Resident Card ("Green Card"), or
- Employment Authorization Card

If your picture ID does not include your current residential address, also provide a copy of one of the recent (generated within the last 60 days) documents below:

- Utility Bill (home/mobile phone, internet, cable, water/sewer, electric, gas or oil), or
- Paystub/Voucher, or
- Bank Account/Credit Card Statement, or
- Insurance (Car/Health/Renters/Home)/Investment/Mortgage Statement, or
- Current annual Lease/Rental agreement (within last 12 months)

Important Note: A P.O. Box can only be referenced as a mailing address. There must always be a Residential address referenced in the HSA demographics. Verification documents are required for the Residential address. Your HSA application is now closed, and an account cannot be opened for you at this time.

If you have any questions, please contact our Participant Services Monday through Friday from 8 am to 9 pm ET at (866) 268-0142.

Aptia365
PO Box 424
Escondido, CA 92033

UMB HSA Online Statement

- Notice of statement online availability is sent Quarterly in January, April, July, and October
Statements are generated at the end of each calendar quarter (March, June, September, and December)
- Email Only –
 - Email only: If an email address is added prior to plan year end, the most recent notice will be emailed at that time. Prior mailed versions are not sent.
- No option for opt-out
- Sender is hsalerts@myumbhsa.com

Email Subject: Aptia365 - HSA Online Statement



Administrator Name:	Aptia365
Administrator Address:	PO Box 424 Escondido, CA 92033
Employer Name	Stellar Technologies
Participant Name	Susan Sample

Your quarterly Aptia365 HSA Statement is available to be viewed online at www.yourflexbenefits.aptia365.com.

If you have any questions, please contact our Participant Services Monday through Friday from 8 am to 9 pm ET at (866) 268-0142.

Sincerely,
Aptia365 Participant Services

****THIS IS AN AUTOMATED EMAIL - PLEASE DO NOT REPLY****

UMB HSA Paper Statement

- Sent at the end of the calendar quarter (March, June, September, and December)
- Mailed Statement has a fee of \$1.50
- Participants may update to Electronic only to avoid the paper statement fee
- Sender is hsaalerts@myumbhsa.com

Sample Letter: Health Savings Account Statement

Page 1

UMB BANK, n.a
 PO Box 161238
 Altamonte Springs, FL 32714

Susan Sample
 221 W Crest St, Suite 300
 Escondido, CA 92025

Account Number xxxxxxxxxxxx1234
 Last Statement Date 12/31/2024
 This Statement Date 03/31/2025
 Total Days in Statement Period 90

Health Savings Account Statement
 Your HSA Deposit Account is FDIC insured up to current limits allowed by law

For inquiries about your benefits, please contact:

Aptia365
 PO Box 424
 Escondido, CA 92033
 866-268-0142

myflexbenefits@tri-ad.aptia365.com

For inquiries about your HSA Account, please contact:

UMB Bank
 PO Box 161238
 Altamonte Springs, FL 32714
 844-383-9826

HSASupport@myumbhsa.com

Account Statement

Account Number: xxxxxxxxxxxx1234

Beginning Balance	0.00	Annual Percentage Yield Earned (APY)	0.00%
Additions	0.00	Average Balance for APY	0.00
Subtractions	0.00	Interest Earned	0.00
Ending Balance	0.00	Current Tax Year Contributions To Date	0.00
Total Investment Balance	0.00	Current Tax Year Distributions To Date	0.00

Overdraft and Returned Item Fees

Fee Type	Total for this Period	Total Year-to-Date
Total Overdraft Fees	0.00	0.00
Total Returned Item Fees	0.00	0.00

No Account Activity for this Statement Period

UMB HSA 1099-SA HSA Tax Form

- This shows distributions from the HSA.
 - It will only generate if the participant had HSA disbursements during the calendar year
 - Will be available online by January 31
- Email Only. Also available in the Participant Portal.
- No option for opt-out
- Sender is hsalerts@myumbhsa.com

Email Subject: Important Tax Return Document Available

Administrator Name:	Aptia365
Administrator Address:	PO Box 424 Escondido, CA 92033
Employer Name	Stellar Technologies
Participant Name	Susan Sample

Your HSA Deposit Account tax statement - IRS Form 1099SA - is ready for viewing. Please log into the website as you normally do when accessing your HSA to view your tax documents. You may print the forms using the software on your computer. You may need these forms to file your personal income tax returns. Tax documents provided electronically will be available on the website for 3 years from the time they are posted to the website. However, if your Account is closed before that, you may no longer have access to those documents through the website.

Thank you,

HSA Support

UMB HSA 5498-SA HSA Tax Form

- This shows contributions to the HSA.
 - It will only generate if participant had HSA contributions during calendar year
 - Will be available online by May 31
 - Form is NOT required for tax filing, but participant's tax return should reflect all contributions made for the tax year
- Email Only. Also available in the Participant Portal.
- No option for opt-out
- Sender is hsalerts@myumbhsa.com

Email Subject: Important Tax Return Document Available

Administrator Name:	Aptia365
Administrator Address:	PO Box 424 Escondido, CA 92033
Employer Name	Stellar Technologies
Participant Name	Susan Sample

Your HSA Deposit Account tax statement - IRS Form 5498SA - is ready for viewing. Please log into the website as you normally do when accessing your HSA to view your tax documents. You may print the forms using the software on your computer. You may need these forms to file your personal income tax returns. Tax documents provided electronically will be available on the website for 3 years from the time they are posted to the website. However, if your Account is closed before that, you may no longer have access to those documents through the website.

Thank you,

HSA Support

UMB HSA Billing Address Change

This is for address changes other than card mailing address

- Email / Mailed if no email address: Date/Time of change
- Two communications are sent. One from the Custodian and one from the spending account platform.
- No option for opt-out
- Sender is hsaalerts@myumbhsa.com

Email Subject: UPDATE: Your Aptia365 Address has been Changed

Old Billing Address
123 Main St, Apt 4G
Escondido CA 92025

New Billing Address
221 W Crest St, #300
Escondido CA 92025

Dear Participant,

This is a courtesy email to let you know that your address has been updated in our system. Please make sure any changes with your address are also updated with your employer; otherwise, this change could be overwritten. If you did not authorize this change or if you have questions, please contact Aptia365 Participant Services Monday through Friday 8 am to 9 pm ET at (866) 268-0142.

Sincerely,

Aptia365 Participant Services
The UMB HSA Support Team

****THIS IS AN AUTOMATED EMAIL - PLEASE DO NOT REPLY****

UMB HSA Shipping Address Change

This is for address changes for card mailing address

- Email / Mailed if no email address: Date/Time of change
- Two communications are sent. One from the Custodian and one from the spending account platform.
- No option for opt-out
- Sender is hsaalerts@myumbhsa.com

Partner Communication – Shipping Address Change

Email Subject: UPDATE: Your Address has been Changed

Dear Participant

This is a courtesy email to let you know that your address has been updated in our system. Please make sure any changes with your address are also updated with your employer; otherwise, this change could be overwritten. If you did not authorize this change or if you have questions, please contact Aptia365 Participant Services Monday through Friday 8 am to 9 pm ET at (866) 268-0142.

Sincerely,

Aptia365 Participant Services
The UMB HSA Support Team

****THIS IS AN AUTOMATED EMAIL - PLEASE DO NOT REPLY****

UMB HSA Email Address Change

- Emailed to both old and new email addresses
- Email sent when change request occurs
- Old and New email address is shown on the communication
- No option for opt-out
- Sender is hsaalerts@myumbhsa.com

Email Subject: UPDATE: Your Email Address has been Changed

Administrator Name:	Aptia365
Administrator Address:	PO Box 424 Escondido, CA 92033
Employer Name	Stellar Technologies
Participant Name	Susan Sample

<u>Previous Email Address</u>	<u>Current Email Address</u>
Susan.sampe@test.com	Susan.sample@test.com

Dear Participant,

This is a courtesy email to let you know that your email address information has been updated in our system. Please make sure any changes with your email address are also updated with your employer; otherwise, this change could be overwritten. The new email address will now be used for all future account-related communications.

If you did not authorize this change or have questions, please contact Aptia365 Participant Services, Monday through Friday 8 am to 9 pm ET at (866) 268-0142.

Aptia365 Participant Services
The UMB HSA Support Team

****THIS IS AN AUTOMATED EMAIL - PLEASE DO NOT REPLY****

UMB HSA Deposit Received

- Email / Mailed if no email address: Date/Time of change
- No option for opt-out
- Sender is hsaalerts@myumbhsa.com

Email Subject: UMB - Deposit Received

Administrator Name:	Aptia365
Administrator Address:	PO Box 424 Escondido, CA 92033
Employer Name	Stellar Technologies
Participant Name	Susan Sample

Account Details

Date of Deposit	Amount of Deposit	Deposit Type	Funds Availability Date
05/15/2024	\$50.00	Payroll	05/16/2024

We have received and posted a contribution to your HSA.

For information regarding your account activity, as well as details on your benefit account(s), log into the participant portal at www.yourflexbenefits.aptia365.com or by using our mobile app: "Your Flex Benefits" available in the Apple App Store or Google Play.

Sincerely,

Aptia365 Participant Services
The UMB HSA Support Team

****THIS IS AN AUTOMATED EMAIL - PLEASE DO NOT REPLY****

UMB HSA Failed Bill Pay Payment

- Email / Mailed if no email address: Date/Time of change
- No option for opt-out
- Sender is hsaalerts@myumbhsa.com

Partner Communication – UMB HSA Failed Payment

Email Subject: UMB - HSA Failed Payment

Account:	Health Savings Account – HSA
HSA Account #:	XXXXXXXXXXXX0324

Bill Payment Details

Requested Mail Date:	5/1/2024
Transaction Amount:	\$228.34
Reason Description:	Low funds in participant account.

We're sorry but your payment request could not be completed. The details are provided above.

For information regarding your account activity, as well as details on your benefit account(s), log into the participant portal at www.yourflexbenefits.aptia365.com or by using our mobile app: "Your Flex Benefits" available in the Apple App Store or Google Play.

Sincerely,

Aptia365 Participant Services
The UMB HSA Support Team

****THIS IS AN AUTOMATED EMAIL - PLEASE DO NOT REPLY****

UMB HSA Bill Pay Complete

- Email / Mailed if no email address: Date/Time of change
- No option for opt-out
- Sender is hsaalerts@myumbhsa.com

Partner Communication – Bill Pay Complete

Email Subject: UMB - Bill Pay Complete

Account:	Health Savings Account - HSA
HSA Account #:	XXXXXXXXXXXX3209

Bill Payment Details:	
Requested Mail Date:	04/02/2024
Transaction Amount:	\$285.76

Your requested payment has been processed and the details can be found above.

For more information regarding this and other account activity, as well as details on your benefit account(s), log into the participant portal at www.yourflexbenefits.aptia365.com or by using our mobile app: "Your Flex Benefits" available in the Apple App Store or Google Play.

Sincerely,

Aptia365 Participant Services
The UMB HSA Support Team

****THIS IS AN AUTOMATED EMAIL - PLEASE DO NOT REPLY****

TRI-AD – UMB HSA Account Re-Association Alert

- When an employer terminates an employee, the employee HSA is reassociated to no longer be under the employer.
- Mail: Sent 1 – 3 days after Employment termination record
- Communication includes abbreviated Terms and Conditions
- No option for opt-out

Email Subject: TRI-AD – Account Re-Association

Dear Health Savings Account Holder:

One of the many benefits of a Health Savings Account (HSA) is that your account stays with you even if you change jobs or health insurance plans. At this time, Your Account Custodian will continue to manage your HSA, but it will no longer be associated with your prior employer. TRI-AD will be your new HSA Administrator. A new Benefits Card has been sent to you – it should arrive within 10 business days in an unmarked white envelope (for security purposes). You can use your new Benefits Card as soon as you receive it to access funds in your HSA and pay for qualified expenses.

You will need to set up new login credentials to access your HSA online and on your mobile device. **Please note: during the registration process you will receive a One-Time Password to your email or cellphone on file with us to validate your identity in our systems.**

- **Online:** Set up your new access at: <https://triad.wealthcareportal.com>. Registration ID: Benefits Card Number, you can also register using the Employer ID: **TIDTRIADHSA** instead of your Benefits Card Number. Employee ID: Your SSN with no dashes.
- **Mobile devices:** Download our mobile app “TRI-AD Benefits on the Go” from the App Store or Google Play.

Terms and Conditions

Your account, HSA and usage of our Services portal shall be created and maintained according to the terms of the Terms of Use and Privacy Policy provided on your portal login page at: www.benefitspot.com. Additionally, please note that a benefit administration fee of \$2.75 will be debited from your HSA on a monthly basis. You may not have had a monthly service charge before if your employer paid the fee on your behalf.

Things to Remember

As long as you have a qualified high deductible health plan, you may continue to contribute to your HSA.

From the TRI-AD participant portal, you can contribute to your HSA from a personal account using your current account number. Alternatively, you can print a contribution form and mail it along with a check to your account custodian listed on your account portal.

Tips to help you build your savings

1. Increase the amount you contribute annually until you're saving the maximum allowed by the IRS.*
2. Remember, you can change your contributions at any time during the year.
3. Pay a few bills out-of-pocket and leave the money to grow in your HSA.
4. If you're 55 or older, make catch-up contributions of an additional \$1,000 each year.

*Qualified contributions are exempt from federal income taxes for HSA account holders. States can choose to follow the federal tax-treatment guidelines for HSAs or establish their own; the following states tax HSA contributions: AL, CA and NJ. Consult your tax advisor to understand how your state treats HSA contributions and tax implications.

Have Questions?

Contact TRI-AD Participant Services 888-844-1372 Monday through Friday, from 5:00 a.m. to 6:00 p.m. Pacific Time. Or, to access your account online, visit <https://triad.wealthcareportal.com>.

REGULATORY DISCLOSURES
TRUTH IN SAVINGS

The following Truth in Savings Disclosures supplements the original Regulatory Disclosures included with your Custodial Agreement with the custodian of your HSA as well as Deposit Account Terms and Conditions that were in effect upon account opening. **For a full copy of resources and disclosures please:** visit and log in to your plan portal at www.benefitspot.com, and once logged in, go to Menu, Resources, HSA Resources and view the HSA disclosures therein.

Schedule of Fees

You are responsible for the payment of the fees set forth in our Schedule of Fees below; however, in some instances, the fees, or a portion thereof, may be paid by an Employer, Plan Service Provider, or insurance carrier. To the extent that the fees are not paid by another entity, we will deduct the fees from your Deposit Account. These charges are subject to change by us at any time (including, but not limited to, the expiration of your High Deductible Health Plan), upon notice to you as required by applicable law and all up to date fees can be found in your client portal at www.benefitspot.com. You agree to pay immediately all fees and other amounts you owe us. If there are not enough funds in your Deposit Account to cover the amounts you owe, we may overdraw your account, without being liable to you. We may use deposits made to your Deposit Account to pay fees and other amounts you owe.

FOR PERSONAL FEES SEE YOUR PLAN PORTAL AT www.benefitspot.com

Benefit Administration Fee	\$2.75 (per month)
Paper Surcharge Fee*	\$1.50 (per quarter) (Paper Statement Fee)
Returned Deposited Item Fee	Up to \$15.00 (per item)
Account Closing/Transfer Fee	\$25.00 (per close/transfer)
Debit Card Transactions	\$0.00
Check Reimbursement (Withdrawal)	\$0.00

*To avoid a Paper Surcharge Fee, you must sign up to receive electronic statements on your HSA administrator's website. If you do not receive electronic statements, you will be charged a Paper Surcharge Fee. This fee is deducted from your Deposit Account.

UMB Bank HSA Forms

HSA Reverse Employer Contribution: Used for Employers to reverse Employer contributions that were processed through payroll when funds need to be returned back to the Employer.

<https://www.tri-ad.com/PDFs/HSA-Reverse-Employer-Contribution-Form.pdf>

HSA Withdrawal: Used to request the following types of Withdrawals: Standard Disbursement, Excess Contribution Refund, Withdrawal Request – for non-payroll Contribution / Deposit Corrections.

<https://www.tri-ad.com/PDFs/HSA-Withdrawal-Form.pdf>

HSA Contribution: Used for making the following types of Contributions

- Post-tax contributions – Current Year, Prior Year (made before April 15), Catch-Up
- Return of Mistaken Distribution – Funds spent from HSA for ineligible items
- Rollover Contribution – Rollover from another HSA (This is not for Trustee-to-Trustee Transfers – for Transfers, use HSA Transfer to UMB Trustee form below)

<http://www.tri-ad.com/pdfs/HSA-Contribution-Form.pdf>

HSA Transfer to UMB Trustee: Used to authorize UMB to transfer HSA funds from an account with another Trustee or Custodian.

<https://www.tri-ad.com/PDFs/HSA-Transfer-to-UMB-Trustee-Form.pdf>

HSA Transfer Divorce: Used to transfer HSA funds to an ex-spouse due to divorce or legal separation.

<http://www.tri-ad.com/pdfs/HSA-Transfer-Divorce-Form.pdf>

HSA Account Closure: Used to request the closure of the HSA, investments must be liquidated prior to sending in this form. A closure fee may apply.

<https://www.tri-ad.com/PDFs/HSA-Account-Closure-Form.pdf>

HSA Beneficiary Designation: Used to designate the HSA Beneficiaries for the account.

<https://www.tri-ad.com/PDFs/HSA-Beneficiary-Designation-Form.pdf>

HSA Deceased Distribution: Used to request the HSA Payout & Closing of a decedent's HSA to the surviving spouse, family member or executor, personal representative or administrator of the Decedent's estate.

<https://www.tri-ad.com/pdfs/HSA-Deceased-Distribution-Form.pdf>

HSA Name Change: Used to make a name change to the HSA. Requires documentation.

(Name changes received by Employers do not require this form be completed.)

<https://www.tri-ad.com/PDFs/HSA-Name-Change-Form.pdf>

HSA Address Change: Used to make an address change and/or phone number change to the HSA.

(Address changes received by Employers do not require this form be completed.)

<https://www.tri-ad.com/PDFs/HSA-Address-Change-Form.pdf>

HSA Mutual Funds Prospectus: Used to help the member determine Investments.

<https://www.tri-ad.com/PDFs/HSA-Mutual-Fund-List.pdf>

WealthCare Saver (WCS) HSA Communications

WCS HSA Welcome Confirmation

- Email sent date that HSA is approved (Communication would be mailed if no email address on file)
- No option for opt-out

Email Subject: Welcome to Your HSA Account

Administrator Name:	Aptia365
Administrator Address:	PO Box 424 Escondido, CA 92033
Employer Name:	Stellar Technologies
<u>Plan</u>	
WealthCare Saver HSA	

Congratulations! We are pleased to welcome you to your new WealthCare Saver* Health Savings Account (HSA). You have taken an important first step toward successfully managing your healthcare finances. If you do not already have an Aptia365 Benefits Card to use with these accounts, you will receive one in the mail within 10 business days in an unmarked white envelope (for security purposes). For your convenience, all of your Aptia365 spending and savings accounts are managed through a single Aptia365 Benefits Card. A new debit card will not be issued if you have an existing card associated with your employer sponsored benefit plan.

Helpful Tips to Take Full Advantage of your HSA

Aptia365 Benefits Card. Use your Aptia365 Benefits Card instead of paying for services out-of-pocket.

Mobile App. Download our mobile app "Your Flex Benefits" available in the Apple App Store or Google Play. To register on the mobile app, you will need to register an account on the app and provide your Registration ID and Employee ID.

Employer ID: MMPMERCTEST

Employee ID: Your employee ID is either the employee ID given to you by your employer or your full social security number with no dashes.

Register Online. Easily access and manage your account on the website ("Portal"). Set up online access to your account and input the information when prompted on the website.
yourflexbenefits.aptia365.com

Review HSA Terms and Conditions. Review the HSA Terms and Conditions governing your account by visiting the link below. Continued use of this account will constitute receipt and agreement to these Terms and Conditions. Print these documents for your records.

Link to Visit: <https://www.wealthcaresaver.com/disclosures/wcsp>

Review Account Fees. Refer to the HSA Fee Schedule for all fees associated with your account.
https://www.wealthcaresaver.com/docs/P_Health_Savings_Account_Fee_Schedule.pdf

Review Your HSA Statement Delivery Preference. You will receive electronic HSA statements quarterly. If you favor paper statements, you may update your preference in the Portal. Go to "Statements" > Delivery Preferences OR Benefit Account Summary > HSA Account Type > Statements. Your HSA will be charged a quarterly fee for paper statements.

Review Your HSA Tax Statement Delivery Preference. You will receive paper and electronic tax statements.

If you favor electronic-only statements, you may update your preference in the Portal. Go to "Tax Forms" > Delivery Preferences OR Benefit Account Summary > HSA Account Type > Tax Forms.

Sincerely,

Aptia365 Participant Services

Monday-Friday from 8:00 a.m. to 9:00 p.m. Eastern Time, at (866) 268-0142

*WealthCare Saver is a dba of Alegeus Technologies, LLC, a licensed Non-Bank Custodian.

WCS HSA Account Notices

WCS HSA CIP Documentation Letter

- Email – Sent 1 – 3 days from enrollment date
- Letter mailed if no email is on file
- No option for opt-out
- Sender is hsaalerts@wealthcaresaver.com

Email Subject: Health Savings Account (HSA) Verification Needed – Action Required

May 08, 2024

Thank you for your interest in establishing a Health Savings Account (HSA).

In accordance with the USA PATRIOT Act, Federal law requires all financial institutions to obtain, verify, and record information that identifies each individual or entity opening an account. During our account opening process, we were unable to verify the identifying information you provided in your HSA application.

In order to complete the HSA account opening process, please provide the documentation listed below along with a copy of this notification request.

For fastest processing, visit the following link and enter the three letter code from the text below to submit the documentation required: <https://wealthcare.com/hsa/verify>

In order to open your HSA, we need the document(s) below:
Please provide a copy of one of the following:

- Social Security/ITIN Card, or
- Social Security Benefits Award Letter if it reflects full SSN, or
- Recent W-2 form if it reflects full SSN (within last 2 tax years)

And also provide a current (unexpired) copy of one of the following:

- State Issued Driver's License, or
- State Issued ID Card, or
- Passport (US or Foreign), or
- Permanent Resident Card ("Green Card"), or
- Employment Authorization Card

If your picture ID does not include your current residential address, also provide a copy of one of the recent (generated within the last 60 days) documents below:

- Utility Bill (home/mobile phone, internet, cable, water/sewer, electric, gas or oil), or
- Paystub/Voucher, or
- Bank Account/Credit Card Statement, or
- Insurance (Car/Health/Renters/Home)/Investment/Mortgage Statement, or
- Current annual Lease/Rental agreement (within last 12 months)

Important Note: A P.O. Box can only be referenced as a mailing address. There must always be a Residential address referenced in the HSA demographics. Verification documents are required for the Residential address.

If using an alternative method of submitting documentation from the link above, please send a copy of this notification request and the documentation required to validate your identity using one of the submission methods below:

- Upload Online: Access the Aptia participant portal at www.yourflexbenefits.aptia365.com and upload your documents on your homepage.
- Fax your documents to: 1-855-588-1028
- Mail your documents to:
WealthCare Saver
PO Box 162177
Altamonte Springs, FL 32716

Once your documentation has been received and validated, your HSA will be opened, and you will receive a Welcome Communication.

The Customer Identification Program requires us to close your HSA application if we are unable to verify an account owner's identity.

If you have any questions, please contact your Employer or your Administrator.

Sincerely,

Your HSA Administrator

This is a system generated communication. Please respond as instructed above.

WCS HSA CIP Reminder Letter

- Email – Sent 45 days after initial CIP Letter
- Communication is mailed if no email address on file
- No option for opt-out
- Sender is hsaalerts@wealthcaresaver.com

Email Subject: FINAL REMINDER: Health Savings Account (HSA) Verification Needed – Action Required

May 09, 2024

Thank you for your interest in establishing a Health Savings Account (HSA).

In accordance with the USA PATRIOT Act, Federal law requires all financial institutions to obtain, verify, and record information that identifies each individual or entity opening an account. During our account opening process, we were unable to verify the identifying information you provided in your HSA application.

In order to complete the HSA account opening process, please provide the documentation listed below along with a copy of this notification request.

For fastest processing, visit the following link and enter the three letter code from the text below to submit the documentation required: <https://wealthcare.com/hsa/verify>

In order to open your HSA, we need the document(s) below:
Please provide a copy of one of the following:

- Social Security/ITIN Card, or
- Social Security Benefits Award Letter if it reflects full SSN, or
- Recent W-2 form if it reflects full SSN (within last 2 tax years)

And also provide a current (unexpired) copy of one of the following:

- State Issued Driver's License, or
- State Issued ID Card, or
- Passport (US or Foreign), or
- Permanent Resident Card ("Green Card"), or
- Employment Authorization Card

If your picture ID does not include your current residential address, also provide a copy of one of the recent (generated within the last 60 days) documents below:

- Utility Bill (home/mobile phone, internet, cable, water/sewer, electric, gas or oil), or
- Paystub/Voucher, or
- Bank Account/Credit Card Statement, or
- Insurance (Car/Health/Renters/Home)/Investment/Mortgage Statement, or
- Current annual Lease/Rental agreement (within last 12 months)

Important Note: A P.O. Box can only be referenced as a mailing address. There must always be a Residential address referenced in the HSA demographics. Verification documents are required for the Residential address.

If using an alternative method of submitting documentation from the link above, please send a copy of this notification request and the documentation required to validate your identity using one of the submission methods below:

- Upload Online: Access the Aptia participant portal at www.yourflexbenefits.aptia365.com and upload your documents on your homepage.
- Fax your documents to: 1-855-588-1028
- Mail your documents to:
WealthCare Saver
PO Box 162177
Altamonte Springs, FL 32716

Once your documentation has been received and validated, your HSA will be opened, and you will receive a Welcome Communication.

The Customer Identification Program requires us to close your HSA application if we are unable to verify an account owner's identity.

If you have any questions, please contact your Employer or your Administrator.

Sincerely,

Your HSA Administrator

This is a system generated communication. Please respond as instructed above.

WCS HSA CIP Failure Letter

- Email – Sent 45 days after Reminder CIP Letter
- Communication is mailed if no email address on file
- No option for opt-out
- Sender is hsaalerts@wealthcaresaver.com

Email Subject: Health Savings Account (HSA) Application Closed

May 10, 2024

Thank you for your interest in establishing a Health Savings Account (HSA).

In accordance with the USA PATRIOT Act, Federal law requires all financial institutions to obtain, verify, and record information that identifies each individual or entity opening an account. During our account opening process, we were unable to verify the identifying information you provided in your HSA application.

Unfortunately, we never received the documentation listed below that was required to verify your identity and complete the HSA account opening process. The Customer Identification Program requires us to close your HSA application if we are unable to verify an account owner's identity within ninety (90) days of your HSA application submission.

Your HSA application is now closed and an account cannot be opened for you at this time.

If you have any questions or would like to re-apply for an HSA, please contact your Employer or your Benefits Administrator.

Sincerely,
Your HSA Administrator

This is a system generated communication. Please respond as instructed above.

WCS HSA Online Statement

- Notice of statement online availability is sent Quarterly on January 1, April 1, July 1 & October 1. Statements are generated at the end of each calendar quarter (March, June, September, and December)
- Email Only –
 - Email only: If an email address is added prior to plan year end, the most recent notice will be emailed at that time. Prior mailed versions are not sent.
- No option for opt-out

Email Subject: HSA Online Statement Available

Administrator Name:	Aptia365
Administrator Address:	PO Box 424 Escondido, CA 92033
Employer Name	Stellar Technologies
Participant Name	Susan Sample

Your Health Savings Account (HSA) Statement is now available for you to view. If you are not opted in to electronic statements, your statement will also be mailed to you.

You may access your HSA Statement by logging into your HSA online. Once you have logged into your account, click My Accounts > My Account Summary > Statements to access your account statement.

Thank you,

Your HSA Administrator

Error Resolution Procedures for Debit Card Transactions and All Other Transactions

If you believe that an error has occurred on your account or appears on your statement or receipt, or you need more information about a transaction or an official dispute form, please contact your Administrator immediately using the phone number on the back of your debit card or listed on your quarterly account statement.

Debit Card Transactions

Should you need to file an official dispute for a debit card transaction, please refer to your Debit Card Agreement for instructions.

All Other Transactions

Should you need to file an official dispute for non-debit card transactions with the Custodian, you must complete and submit the appropriate dispute form within 60 days from the date on which the transaction was credited or debited to your account. Please refer to your Health Savings Account Disclosure Statement and Custodial Account Agreement for instructions or contact your Administrator for assistance.

This is a system generated email. Please do not respond.

WCS HSA Paper Statement

- Sent at end of calendar quarter (March, June, September, and December)
- Mailed Statement has a fee of \$1.50
- Participant may update to Electronic only to avoid the paper statement fee

Sample Letter: Health Savings Account Statement

Page 1

WealthCare Saver Prime
 PO Box 162177
 Altamonte Springs, FL 32716

Susan Sample
 221 W Crest St, Suite 300
 Escondido, CA 92025

Account Number	xxxxxxxxxxxx1234
Last Statement Date	12/31/2024
This Statement Date	03/31/2025
Total Days in Statement Period	90

Health Savings Account (HSA) Statement

WealthCare Saver is the Custodian of your Health Savings Account

For inquiries about your HSA or for information regarding your benefits, please contact:

Aptia365
 Attn: Reimbursement Dept.
 PO Box 424
 Escondido, CA 92033
 Phone 866-268-0142
 Fax: 844-791-8319
 Email: myflexbenefits@tri-ad.aptia365.com

Account Statement

Account Number: xxxxxxxxxxxxxx1234

Beginning Balance	0.00	Annual Percentage Yield Earned (APY)	0.00%
Additions	0.00	Average Balance for APY	0.00
Subtractions	0.00	Interest Earned	0.00
Ending Balance	0.00	Current Tax Year Contributions To Date	0.00
Total Investment Balance	0.00	Current Tax Year Distributions To Date	0.00

Overdraft and Returned Item Fees

Fee Type	Total for this Period	Total Year-to-Date
Total Overdraft Fees	0.00	0.00
Total Returned Item Fees	0.00	0.00

No Account Activity for this Statement Period

WCS 1099-SA HSA Tax Form

- This shows distributions from the HSA.
 - It will only generate if the participant had HSA disbursements during the calendar year
 - Will be available online by January 31
- Email Only. Also available in the Participant Portal.
- No option for opt-out
- Sender is hsalerts@wealthcaresaver.com

Email Subject: Important Information Regarding Your IRS Tax Form 1099-SA (Distributions)

Your IRS 1099-SA Tax Form for your HSA will be available within 48 hours for you to view, download and print. If you are not opted in to electronic tax documents, your tax form will also be mailed to your.

Access your IRS 1099-SA tax form by logging in to your account on your Administrator's portal. Tax forms will be archived for three years so you can review or print your tax statements within the past three years at any time if needed. If you need a copy of a tax document that is older than three years, please contact us using the below information.

If you would like to receive a paper copy of any of your tax documents, please contact your administrator to request a paper copy be mailed to you. You may also log in to your administrator's portal to update your tax form delivery preference.

Sincerely,

Your HSA Administrator

This is a system generated email. Please do not respond.

WCS 5498-SA HSA Tax Form

- This shows contributions to the HSA.
 - It will only generate if participant had HSA contributions during calendar year
 - Will be available online by May 31
 - Form is NOT required for tax filing, but participant's tax return should reflect all contributions made for the tax year
- Email Only. Also available in the Participant Portal.
- No option for opt-out
- Sender is hsalerts@wealthcaresaver.com

Email Subject: Important Information Regarding Your IRS Tax Form 5498-SA (Contributions)

Your IRS 5498-SA Tax Form for your HSA will be available within 48 hours for you to view, download and print. If you are not opted in to electronic tax documents, your tax form will also be mailed to you.

Access your IRS 5498-SA tax form by logging in to your account on your Administrator's portal. Tax forms will be archived for three years so you can review or print your tax statements within the past three years at any time if needed. If you need a copy of a tax document that is older than three years, please contact us using the below information.

If you would like to receive a paper copy of any of your tax documents, please contact your administrator to request a paper copy be mailed to you. You may also log in to your administrator's portal to update your tax form delivery preference.

Sincerely,

Your HSA Administrator

This is a system generated email. Please do not respond.

WCS HSA Billing Address Change

This is for address changes other than card mailing address

- Email / Mailed if no email address: Date/Time of change
- No option for opt-out
- Sender is hsaalerts@wealthcaresaver.com

Email Subject: HSA Billing Address Change Notice

Old Billing Address:
123 Main St, Apt 4G
Escondido CA 92025

New Billing Address:
221 W Crest St, #300
Escondido CA 92025

You are receiving this notice because your Home Billing Address associated with your HSA has changed.

If you made this change, no action is required of you. If you did not request this change, please contact your Administrator as soon as possible using the phone number on the back of your debit card or listed on your quarterly account statement.

Thank you,

Your HSA Administrator

This is a system generated email. Please do not respond.

WCS HSA Shipping Address Change

This is for address changes for card mailing address

- Email / Mailed if no email address: Date/Time of change
- No option for opt-out
- Sender is hsalerts@wealthcaresaver.com

Email Subject: HSA Shipping Address Change Notice

Old Shipping Address:

**123 Main St, Apt 4G
Escondido CA 92025**

New Shipping Address:

**221 W Crest St, #300
Escondido CA 92025**

You are receiving this notice because your Mailing/Shipping Address associated with your HSA has changed.

If you made this change no action is required of you. If you did not request this change, please contact your Administrator as soon as possible using the phone number on the back of your debit card or listed on your quarterly account statement.

This email was sent automatically as an additional layer of security for your account.

Thank you,

Your HSA Administrator

This is a system generated email. Please do not respond.

WCS HSA Email Address Change

- Email Only: Date/Time of change
- No option for opt-out
- Sender is hsaalerts@wealthcaresaver.com

Email Subject: HSA Email Address Change Notice

You are receiving this notice because your Email Address associated with your HSA has changed.

If you made this change no action is required of you. If you did not request this change, please contact your Administrator as soon as possible using the phone number on the back of your debit card or listed on your quarterly account statement.

This email was sent automatically as an additional layer of security for your account.

Thank you,

Your HSA Administrator

This is a system generated email. Please do not respond.

WCS HSA Deposit Received

- Email only: Date/Time of event
- No option for opt-out
- Sender is hsaalerts@wealthcaresaver.com

Email Subject: An HSA deposit was received and will be available soon

Please note that we have received a deposit to your Health Savings Account. Your deposit is being processed and these funds will be available in your HSA after close of business on the funds availability date. If you have any questions, please contact the number on the back of your debit card.

This communication was sent automatically as an additional layer of security for your account.

Your information can also be viewed, verified, and updated on your Portal.

Access your account online to:

- Manage your profile – personal information and communication preferences.
- View your account summary – balance, transactions, important dates, etc.
- Enroll to receive reimbursements via direct deposit.
- Take advantage of unique spending and saving opportunities.
- And more!

Sincerely,

Your WealthCare Saver Account Services Team

****THIS IS AN AUTOMATED EMAIL - PLEASE DO NOT REPLY****

WCS HSA Bill Pay Complete

- Email Only: Date/Time of event
- No option for opt-out
- Sender is hsaalerts@wealthcaresaver.com

Email Subject: Important Health Savings Account (HSA) Information

Account:	Health Savings Account - HSA
HSA Account #:	XXXXXXXXXXXX3209

Bill Payment Details:	
Requested Mail Date:	04/02/2024
Transaction Amount:	\$285.76
Check No/Trace No:	12345

Your HSA Bill Pay has been processed from your Health Savings Account. Details of the payment can be found above. If you have any questions, please contact the number on the back of your debit card.

This communication was sent automatically as an additional layer of security for your account.

Your information can also be viewed, verified, and updated on your Portal.

Access your account online to:

- Manage your profile – personal information and communication preferences.
- View your account summary – balance, transactions, important dates, etc.
- Enroll to receive reimbursements via direct deposit.
- Take advantage of unique spending and saving opportunities.
- And more!

Sincerely,

Your WealthCare Saver Account Services Team

****THIS IS AN AUTOMATED EMAIL - PLEASE DO NOT REPLY****

WCS HSA Failed Payment

- Email Only: Date/Time of event
- No option for opt-out
- Sender is hsaalerts@wealthcaresaver.com

Email Subject: Important Health Savings Account (HSA) Information

Account:	Health Savings Account - HSA
HSA Account #:	XXXXXXXXXXXX3209

Bill Payment Details:	
Requested Mail Date:	04/02/2024
Transaction Amount:	\$285.76
Reason Description:	<i>e.g., Low funds in participant account</i>

We're sorry but your payment request from your Health Savings Account could not be completed. Details are provided above. If you have any questions, please contact the number on the back of your debit card.

This communication was sent automatically as an additional layer of security for your account.

Your information can also be viewed, verified, and updated on your Portal.

Access your account online to:

- Manage your profile – personal information and communication preferences.
- View your account summary – balance, transactions, important dates, etc.
- Enroll to receive reimbursements via direct deposit.
- Take advantage of unique spending and saving opportunities.
- And more!

Sincerely,

Your WealthCare Saver Account Services Team

****THIS IS AN AUTOMATED EMAIL - PLEASE DO NOT REPLY****

WCS HSA Investment Trade Confirmation

- Email Only: Date/Time of event
- No option for opt-out
- Sender is hsalerts@wealthcaresaver.com

Email Subject: HSA Investment Trade Confirmation

Your latest HSA Investment Trade Confirmation document is now available for you to view.

You may access your trade confirmation by logging into your HSA online. Once you have logged in to your account, click My Accounts > Investment > Documents > Trade Confirmations to access your trade confirmation. If you have any questions, please contact the number on the back of your debit card.

This communication was sent automatically as an additional layer of security for your account.

Sincerely,

Your WealthCare Saver Account Services Team

****THIS IS AN AUTOMATED EMAIL - PLEASE DO NOT REPLY****

WCS HSA Investment Statement

- Email Only: Monthly
- No option for opt-out
- Sender is hsalerts@wealthcaresaver.com

Email Subject: HSA Investment Statement Available

Your latest HSA Investment Statement is now available for you to view.

You may access your HSA Investment Statement by logging into your HSA online. Once you have logged in to your account, click My Accounts > Investment > Documents > Monthly Statements to access your HSA Investment Statement. If you have any questions, please contact the number on the back of your debit card.

This communication was sent automatically as an additional layer of security for your account.

Sincerely,

Your WealthCare Saver Account Services Team

****THIS IS AN AUTOMATED EMAIL - PLEASE DO NOT REPLY****

TRI-AD – WCS HSA Account Re-Association Alert

- When an employer terminates an employee, the employee HSA is reassociated to no longer be under the employer.
- Mail: Sent 1 – 3 days after Employment termination record
- Communication includes abbreviated Terms and Conditions
- No option for opt-out

Email Subject: TRI-AD – Account Re-Association

Dear Health Savings Account Holder:

One of the many benefits of a Health Savings Account (HSA) is that your account stays with you even if you change jobs or health insurance plans. At this time, Your Account Custodian will continue to manage your HSA, but it will no longer be associated with your prior employer. TRI-AD will be your new HSA Administrator. A new Benefits Card has been sent to you – it should arrive within 10 business days in an unmarked white envelope (for security purposes). You can use your new Benefits Card as soon as you receive it to access funds in your HSA and pay for qualified expenses.

You will need to set up new login credentials to access your HSA online and on your mobile device. **Please note: during the registration process you will receive a One-Time Password to your email or cellphone on file with us to validate your identity in our systems.**

- **Online:** Set up your new access at: <https://triad.wealthcareportal.com>. Registration ID: Benefits Card Number, you can also register using the Employer ID: **TIDTRIADHSA** instead of your Benefits Card Number. Employee ID: Your SSN with no dashes.
- **Mobile devices:** Download our mobile app “TRI-AD Benefits on the Go” from the App Store or Google Play.

Terms and Conditions

Your account, HSA and usage of our Services portal shall be created and maintained according to the terms of the Terms of Use and Privacy Policy provided on your portal login page at: www.benefitspot.com. Additionally, please note that a benefit administration fee of \$2.75 will be debited from your HSA on a monthly basis. You may not have had a monthly service charge before if your employer paid the fee on your behalf.

Things to Remember

As long as you have a qualified high deductible health plan, you may continue to contribute to your HSA.

From the TRI-AD participant portal, you can contribute to your HSA from a personal account using your current account number. Alternatively, you can print a contribution form and mail it along with a check to your account custodian listed on your account portal.

Tips to help you build your savings

5. Increase the amount you contribute annually until you're saving the maximum allowed by the IRS.*
6. Remember, you can change your contributions at any time during the year.
7. Pay a few bills out-of-pocket and leave the money to grow in your HSA.
8. If you're 55 or older, make catch-up contributions of an additional \$1,000 each year.

*Qualified contributions are exempt from federal income taxes for HSA account holders. States can choose to follow the federal tax-treatment guidelines for HSAs or establish their own; the following states tax HSA contributions: AL, CA and NJ. Consult your tax advisor to understand how your state treats HSA contributions and tax implications.

Have Questions?

Contact TRI-AD Participant Services 888-844-1372 Monday through Friday, from 5:00 a.m. to 6:00 p.m. Pacific Time. Or, to access your account online, visit <https://triad.wealthcareportal.com>.

REGULATORY DISCLOSURES
TRUTH IN SAVINGS

The following Truth in Savings Disclosures supplements the original Regulatory Disclosures included with your Custodial Agreement with the custodian of your HSA as well as Deposit Account Terms and Conditions that were in effect upon account opening. **For a full copy of resources and disclosures please:** visit and log in to your plan portal at www.benefitspot.com, and once logged in, go to Menu, Resources, HSA Resources and view the HSA disclosures therein.

Schedule of Fees

You are responsible for the payment of the fees set forth in our Schedule of Fees below; however, in some instances, the fees, or a portion thereof, may be paid by an Employer, Plan Service Provider, or insurance carrier. To the extent that the fees are not paid by another entity, we will deduct the fees from your Deposit Account. These charges are subject to change by us at any time (including, but not limited to, the expiration of your High Deductible Health Plan), upon notice to you as required by applicable law and all up to date fees can be found in your client portal at www.benefitspot.com. You agree to pay immediately all fees and other amounts you owe us. If there are not enough funds in your Deposit Account to cover the amounts you owe, we may overdraw your account, without being liable to you. We may use deposits made to your Deposit Account to pay fees and other amounts you owe.

FOR PERSONAL FEES SEE YOUR PLAN PORTAL AT www.benefitspot.com

Benefit Administration Fee	\$2.75 (per month)
Paper Surcharge Fee*	\$1.50 (per quarter) (Paper Statement Fee)
Returned Deposited Item Fee	Up to \$15.00 (per item)
Account Closing/Transfer Fee	\$25.00 (per close/transfer)
Debit Card Transactions	\$0.00
Check Reimbursement (Withdrawal)	\$0.00

*To avoid a Paper Surcharge Fee, you must sign up to receive electronic statements on your HSA administrator's website. If you do not receive electronic statements, you will be charged a Paper Surcharge Fee. This fee is deducted from your Deposit Account.

WealthCare Saver HSA Forms

HSA Reverse Employer Contribution: Used for Employers to reverse Employer contributions that were processed through payroll when funds need to be returned to the Employer.

<https://www.tri-ad.com/PDFs/WCS-HSA-Employer-Contribution-Error-Form.pdf>

HSA Withdrawal: Used to request the following types of Withdrawals: Standard Disbursement, Excess Contribution Refund, Withdrawal Request – for non-payroll Contribution / Deposit Corrections.

<https://www.tri-ad.com/PDFs/WCS-HSA-Withdrawal-Form.pdf>

HSA Contribution: Used for making the following types of Contributions

- Post-tax contributions – Current Year, Prior Year (made before April 15), Catch-Up
- Return of Mistaken Distribution – Funds spent from HSA for ineligible items
- Rollover Contribution – Rollover from another HSA (This is not for Trustee-to-Trustee Transfers – for Transfers, use the WCS HSA Transfer of Assets form below)

<https://www.tri-ad.com/pdfs/WCS-HSA-Contribution-Form.pdf>

HSA Transfer to WCS as Trustee: Used to authorize the transfer of HSA funds from an account with another Trustee or Custodian to WealthCare Saver.

<https://www.tri-ad.com/PDFs/WCS-HSA-Transfer-of-Assets-Form.pdf>

HSA Transfer Divorce: Used to transfer HSA funds to an ex-spouse due to divorce or legal separation.

<https://www.tri-ad.com/pdfs/WCS-HSA-Transfer-Due-to-Divorce-Form.pdf>

HSA Account Closure: Used to request the closure of the HSA; investments must be liquidated prior to sending in this form. A closure fee may apply.

<https://www.tri-ad.com/PDFs/WCS-HSA-Account-Closure-Form.pdf>

HSA Beneficiary Designation: Used to designate the HSA Beneficiaries for the account.

<https://www.tri-ad.com/PDFs/WCS-HSA-BeneficiaryForm.pdf>

HSA Deceased Distribution: Used to request the HSA Payout & Closing of a decedent's HSA to the surviving spouse, family member or executor, personal representative or administrator of the Decedent's estate.

<https://www.tri-ad.com/pdfs/WCS-HSA-Death-Distribution-Form.pdf>

HSA Name Change: Used to make a name change to the HSA. Requires documentation. (Name changes received by Employers do not require this form to be completed.)

<https://www.tri-ad.com/PDFs/WCS-HSA-Name-Change-Request-Form.pdf>

HSA Investment User Experience:

<https://www.tri-ad.com/PDFs/WealthCareSaver-HSA-UX.pdf>

HSA Investments User Guide: Used to help the member determine Investments.

<https://www.tri-ad.com/PDFs/WCS-Investments-User-Guide.pdf>

HSA Investment Options:

<https://www.tri-ad.com/PDFs/WealthCareSaver-HSA-Investment-Options.pdf>

HSA Investment Experience Fees:

<https://www.tri-ad.com/PDFs/WealthCareSaver-HSA-Investment-Experience-Fees.pdf>

Client Resources

Aptia365 Client Communication Hub

<https://yourflexbenefits.aptia365.com/Aptia/client-resources>

The Aptia365 Client Communication Hub provides flyers and forms on COBRA, Direct Bill, Healthcare FSA, Dependent Care FSA, Combination FSA, Limited Purpose FSA, Commuter, and HSA

Aptia365 Client Training Hub

<https://yourflexbenefits.aptia365.com/Aptia/client-training>

The Aptia365 Client Training Hub provides report samples, Participant Portal training, Client Center training, Open Enrollment information, and details on the HSA CIP process.