

FLEXIBLE SPENDING ACCOUNT



DEPENDENT CARE AND HEALTH FSA

A Flexible Spending Account (FSA) is a voluntary, tax-free way for employees to pay for qualified medical, dental, vision, or dependent care expenses. **Employees save between 25 percent and 50 percent, depending on their tax bracket.**

WAYS TO SAVE

- Reimbursement of out-of-pocket medical, dental, and vision expenses not paid by insurance.
- Reimbursement of work-related dependent care expenses for children under age 13 and/or older dependents who are incapable of self-care.

HOW A FLEXIBLE SPENDING ACCOUNT WORKS

Prior to the plan year, employees elect how much they would like to have taken out of their paycheck on a pre-tax basis. "Pre-tax" means before state, federal, Social Security, and Medicare taxes are applied.

Contributions for FSAs are deducted from each payroll during the plan year. The amount contributed to FSAs should be carefully considered, as unused amounts are generally forfeited at the end of the plan year.*

As eligible expenses are incurred, employees submit claims to Alerus for reimbursement. Alerus is required to "substantiate" each claim by reviewing receipts, explanation of benefits and claim forms to ensure all information meets applicable regulations. Alerus reimburses employees directly by check or direct deposit.

OTHER IMPORTANT FACTS

- New elections for Health, Limited Purpose, and Dependent Care FSAs are required each plan year.
- Elections are irrevocable during the plan year unless there is a qualified change in status.
- Spouses and children up to age 26 are eligible for reimbursement from the Limited Purpose FSA.
- IRS Publication 502, available at [irs.gov](https://www.irs.gov), explains eligible health care expenses.
- IRS Publication 503, available at [irs.gov](https://www.irs.gov), explains eligible dependent care expenses.

*The Health FSA may include an optional carryover provision. See additional enrollment materials for details specific to your plan.

DEPENDENT CARE FSA EXPENSES

WHAT DOES EMPLOYMENT-RELATED MEAN?

Services reimbursed by a Dependent Care FSA must be provided in order to allow the employee and, if applicable, their spouse to be actively and gainfully employed. This means the employee can only claim services incurred while they are actually at work. Dependent Care services incurred while an employee is on a leave of absence are not reimbursable. However, services incurred during temporary absences from work for matters like illness or vacation can be reimbursed.

The following employment-related expenses are eligible for reimbursement by a Dependent Care FSA:

- Before/After-School Care
- Day Camp
- Daycare Center
- Elder Care
- In-Home Daycare
- Montessori (Pre-K Only)
- Nanny
- Preschool/Nursery School
- Registration Fee to Obtain Care
- Sick-Child Facility

HEALTH FSA EXPENSES

The Health FSA covers expenses that are necessary to treat or alleviate a physical or mental defect or illness. Following are some helpful facts and tips for FSA claims.

WHAT TO SUBMIT WITH YOUR CLAIM

Supporting documentation is required with all claims.

Documentation should be itemized to show the date of service, what service is being claimed, and the amount you are responsible for paying. If the expense was covered by insurance, the Explanation of Benefits from your insurance carrier must be included with your claim.

DUAL PURPOSE EXPENSES

Some expenses may be considered cosmetic or general-use, but also serve a medical purpose. If a doctor recommends a service/item that would not normally be considered "medically necessary" to treat or alleviate a specific, diagnosable medical condition, it is considered a dual-purpose expense. A written statement from the physician must accompany these expenses. This statement must explain what the medical condition is, what service/item is recommended, and how it will alleviate this condition.

EXPENSES ORDERED, PAID FOR, AND/OR PICKED UP IN DIFFERENT YEARS

Occasionally an expense may be ordered and/or paid for before it is actually obtained, such as with eyeglasses. The service date listed on the itemized provider bill will determine which plan year the expense is applicable to.

DEPENDENT CARE ASSISTANCE PROGRAM



IMPORTANT RULES AND INFORMATION

The Dependent Care Assistance Program, or DCAP, is a benefit that allows employees to pay for work-related child or dependent care expenses for children under age 13 and/or older dependent who are incapable of self-care with pre-tax dollars. Pre-tax means before state, federal, Social Security, and Medicare taxes are applied. As a result, savings from a DCAP are between 25 and 50 percent, depending on the individual's tax bracket.

Prior to the plan year, employees elect how much they would like to have taken out of their paycheck on a pre-tax basis for the DCAP benefit. The annual limit for married employees filing jointly or single heads of household is \$5,000 per plan year. For employees that are married and filing separately, the annual limit is \$2,500 per plan year. The \$5,000 limit is a per-household limit, so employees must coordinate their DCAP election with their spouse. Contributions to the DCAP benefit are deducted from pay evenly over the plan year, based on the employee's election. As dependent care expenses are incurred, employees submit them to Alerus Retirement and Benefits (Alerus) for reimbursement.

Alerus is required to "substantiate" each claim (matching receipts and claim forms to ensure all information has been submitted) according to IRS regulations. Alerus reimburses employees for qualified DCAP expenses by check or direct deposit.

Reimbursement for dependent care expenses cannot exceed the amount that has been withheld from an employee's pay. If the amount of claims submitted exceeds the balance in the DCAP, the available balance will be paid and the remaining claim balance will be paid as future DCAP contributions occur.

Other important facts about the DCAP benefit:

- If an employee doesn't spend the money they've elected to take out of their check, it is forfeited at the end of the plan year.
- New DCAP benefit elections are required every plan year.
- Once the plan year begins, employees cannot change their elections unless they experience a qualified change in status.
- New employees beginning coverage after the plan year begins can be reimbursed for expenses incurred after their coverage starts.
- The \$5,000 annual DCAP limit is per household – coordinate with spouse as needed.
- IRS Publication 503 is available at [irs.gov](https://www.irs.gov) and explains qualified dependent care expenses. A tax credit is also available for dependent care. Employees should carefully consider which works better for them – the tax credit or the Dependent Care FSA.

EMPLOYMENT-RELATED DEPENDENT CARE EXPENSES

Expenses reimbursed by a Dependent Care Reimbursement Account must be expenses incurred to allow the participant and, if applicable, the spouse to be gainfully employed. This means the participant must only claim expenses incurred while they are actually at work, excluding expenses which might be incurred while the participant is on a leave of absence, on vacation or is out of work ill. However, temporary absences from work for matters such as illness or vacation can be disregarded if the participant is required to pay for dependent care expenses on a weekly or longer basis. Dependent care expenses incurred during a typical leave of absence (paid or unpaid) are non-reimbursable.

The following employment-related expenses are eligible for reimbursement by a Dependent Care Reimbursement Account:

| | |
|-----------------------|-----------------------------------|
| After-School Care | Nanny |
| Before-School Care | Preschool/Nursery School |
| Day Camp | Registration Fee (to obtain care) |
| Dependent Care Center | Sick-Child Facility |
| Elder Care | |

TIPS FOR SUBMITTING DCAP CLAIMS

You can submit claims to your DCAP online at alerusrb.com or by completing and submitting a Reimbursement Request Form.

There are a few important things to keep in mind when submitting FSA claims online or using the Reimbursement Request Form. Following these basic claims submission guidelines will help prevent denials and make the claim process as quick and easy as possible.

- Always include documentation to support the expenses you are claiming.
- Remember, online claims cannot be paid until itemized documentation is submitted to Alerus and approved.

If you choose not to use online claims you can use the Reimbursement Request Form to request funds from your DCAP. Completed forms can be mailed or emailed to:

Alerus, ATTN: FSA Department, P.O. Box 64535, St. Paul, MN 55164-0535
Email: healthbenefits@alerus.com

PRE-TAX BENEFITS ELIGIBLE EXPENSES



Pre-tax benefits such as flexible spending and health saving accounts cover a wide variety of health care expenses. These expenses must be necessary in order to treat or alleviate a physical or mental defect or illness. This includes (but is not limited to) clinical, dental, orthodontic, vision, chiropractic, pharmaceutical, or over-the-counter/ menstrual expenses.

The following lists are examples of eligible, ineligible, and dual purpose health care expenses for these benefits. These lists are not exhaustive and additional information regarding health care expenses recognized by Section 213(d) of the Internal Revenue Code can be found at [irs.gov](https://www.irs.gov). Items marked with “**LP**” indicate the expenses which are eligible to be reimbursed from your pre-tax Limited Purpose Benefit. These expenses would also be eligible for your other pre-tax benefits. Five or more items on the same receipt are considered stock piling and are not eligible.

ELIGIBLE EXPENSES

Acupuncture
Alcoholism Treatment
Ambulance
Artificial Limbs
Bandages
Birth Control Pills
Blood Pressure Monitoring Devices
Body Scan
Breast Pumps
Chelation (EDTA) Therapy
Chiropractors
Circumcision
Co-pays / Coinsurance / Deductibles
Contact Lenses / Related Material - **LP**
Counseling (excludes marriage)
CPAP Machine and Supplies
Crutches
Dental Treatment - **LP**
Dentures - **LP**
Diabetic Supplies
Diagnostic Services
Drug Treatment
Egg Donor Fees
Eye Exams / Glasses - **LP**
Face Masks²

Fertility Treatment
First Aid Kits
Flu Shots
Glucose Monitoring Devices
Guide Dog - **LP**
Hand Sanitizer²
Hearing Aids
Hormone Replacement Therapy
Hospital Services
Immunizations
Inclinators
Insulin
Laboratory Fees
Lamaze Classes
Laser Eye Surgery - **LP**
Learning Disability
Medical Records Charge
Medical Services
Nursing Services
Obstetrical Expenses
Occlusal Guards - **LP**
Operations
Optometrist - **LP**
Orthodontia - **LP**
Osteopath

Oxygen
Physical Exams
Physical Therapy
Prescription Drugs
Prescription Safety Glasses
Prosthesis
Psychiatric Care
Psychoanalysis
Psychologist
Reading Glasses - **LP**
Sanitizing Wipes²
Screening Tests
Sleep Deprivation Treatment
Smoking Cessation
Sterilization Procedures
Supplies for Medical Condition
Surgery
Therapy (individual only)
Transplants
Vaccines
Vasectomy
Vision Correction Procedures - **LP**
Wheelchair
X-Ray Fees

INELIGIBLE EXPENSES

Appearance Improvements
Ancestry Services
Baby-Sitting / Child Care
COBRA Premiums¹
Controlled Substances
Cosmetics
Cosmetic Procedures
Chemical Peels
Dancing Lessons
Diapers
DNA Collection / Storage
Electrolysis

Face Lifts
Funeral Expenses
Hair Removal
Hemp, CBD, and Marijuana Products
Household Help
Illegal Operations
Insurance Premiums¹
Long-Term Care¹
Maternity Clothes
Medicare Premiums¹
Personal Use Items
Prepayment for Services

Rogaine
Safety Glasses
Student Health Fee
Sunglass Clips
Tanning Salons / Equipment
Teeth Whitening

ALERUS

WHAT ARE DUAL PURPOSE EXPENSES?

There are some expenses that may be considered cosmetic or general use items that may also serve a medical purpose. If a doctor recommends a service/item that would not normally be considered “medically necessary” to treat or alleviate a specific diagnosable medical condition, it is considered a dual-purpose expense. A written statement from the physician must be obtained for these expenses. This statement must explain what the condition is, what service/item is recommended, and how it will alleviate this condition.

DUAL PURPOSE EXPENSES

Air Purifier

Botox

Capital Expenses

Chondroitin

Cryogenic Storage Fees

Dietary Supplements

Ear Plugs

Exercise Equipment / Programs

Genetic Testing

Glucosamine

Health Club Dues

Humidifier

Language Training (for disability)

Massage Therapy

Nutritional Supplements

Orthopedic Inserts

Prescription Weight Loss Drugs

Retin-A

Treadmill

Varicose Veins Treatment

Weight Loss Programs

ELIGIBLE OVER-THE-COUNTER ITEMSAcid Controllers³Allergy Medicine³Anti-Diarrheals³Anti-Gas Treatments³Antiseptic Cream / Wash³

Bandages

Birth Control Products

Blood Pressure Monitoring Kits

Braces / Supports

Canes / Walkers

Cold / Hot Packs

Cold, Cough, and Flu Medicines³

Compression Stockings

Contact Lens Solution - **LP**

Corn / Callus Pads

Crutches

Decongestants³Denture Supplies - **LP**

Diabetic Supplies

Diagnostic Products

Digestive Aids³Expectorants³

External Catheters

Hearing Aid Batteries

Incontinence Supplies

Laxatives³Menstrual Care Items³

Nebulizers

Ointments / Rash Creams³

Ostomy Products

Oxygen Equipment

Pain Relievers / Fever Reducer³

Pregnancy Test Kits

Reading Glasses - **LP**Sleep Aids³Stomach Remedies³

Sunscreen

Syringes

Thermometers

Wheelchair and Accessories

¹ADDITIONAL HSA EXPENSES (PREMIUMS)

In addition to health care expenses, the HSA also covers some insurance premiums. This includes COBRA and Long-Term Care Premiums, as well as premiums for health insurance while receiving unemployment compensation. Additionally, once the HSA owner is age 65, the HSA covers Medicare and general health insurance premiums.

³Must be purchased after 01.01.2020.

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Investment products: 1) are not FDIC insured, 2) are not deposits or obligations of a bank, and 3) involve risk, including possible loss of the principal amount invested.

FLEXIBLE SPENDING ACCOUNT ORTHODONTIA CLAIMS



USING YOUR FLEXIBLE SPENDING ACCOUNT (FSA) FOR ORTHODONTIA EXPENSES

You can use the funds in your Health or Limited Purpose Flexible Spending Account (FSA) to pay for orthodontia expenses incurred by yourself, your spouse, and/or your qualified dependents. Providers offer various payment options for orthodontic treatment. You also have various options when claiming such expenses from your FSA. These options are summarized below.

DOWN PAYMENT

The down payment is typically required to be paid at the start of orthodontic treatment. You can claim the down payment as soon as treatment begins. The down payment can only be reimbursed by the plan year in which treatment begins.

UP-FRONT PAYMENT IN FULL

If you pay the entire cost of orthodontic treatment at the start of the treatment, you can:

- Claim the entire amount from your FSA at that time; or,
- Split the amount you claim by multiple plan years, based on the number of years treatment is expected to last - you will be required to submit a new claim at the start of each subsequent plan year.

Proof of payment will be required with your claim(s) when using this reimbursement option.

ANNUAL INSTALLMENTS

If you pay your provider in annual installments, you may claim such payments from your FSA during the plan year in which they are made. Proof of payment will be required with your claims when using this reimbursement option.

MONTHLY INSTALLMENTS

If you pay your provider in monthly installments, you may claim such payments from your FSA as they are due. If you elect to pay ahead, you may claim the future months' payments from your FSA, as long as you include proof of payment with your claim.

WHAT TO SUBMIT WITH YOUR CLAIMS

Please include an itemized statement from your provider, such as the service contract, when claiming the down payment, full payment, and/or annual installments. This statement should clearly show the start date of the treatment, expected length of treatment, amount of the required down payment, and the payment plan you will be following.

Please keep in mind that you must provide proof that payment has been made when claiming the full cost of treatment, annual installment, or future monthly payments. Proof of payment includes a statement from the provider showing that payment has been made. Claims for monthly payment should include a copy of the provider bill or payment coupon.

If you have questions about your orthodontia claim, please contact Alerus Retirement and Benefits at **877.661.4727** or **healthbenefits@alerus.com**.

ALERUS HEALTH BENEFITS CARD

SWIPE YOUR CARD. SAVE YOUR RECEIPTS.

The Alerus Health Benefits Card draws funds directly from your health benefits account to pay for eligible expenses. It can only be used at places where you might obtain medical, dental, vision, dependent care, parking, or transit services (please check your plan for covered benefits) with providers accepting Visa®.

Using the Alerus Health Benefits Card is easy! Simply present it at qualified merchants and the cost will come directly from your balance.



SUBMIT RECEIPTS

If you have a Dependent Care, Health/Limited Purpose FSA, or a Parking/Transit benefit, IRS rules require all Alerus Health Benefits Card transactions be substantiated. In some cases, this will occur electronically and you will not need to submit any documentation for your purchase. **However, you will sometimes be required to send in documentation for an Alerus Health Benefits Card swipe after it occurs, in order to meet IRS requirements.**

Transactions that recur in the same amount at the same merchant will only require documentation the first time in a given plan year. If the card swipe is for your Health Savings Account (HSA) simply save your receipts for your tax records.

OTHER THINGS TO KNOW

(NOTE: Does not apply to HSA accounts.)

- Do not use the Alerus Health Benefits Card to pay for expenses that took place in a previous plan year. The Alerus Health Benefits Card is only linked to your current plan year balance. Submit prior year expenses for reimbursement through the mobile app, online, or by email (during the applicable run out periods).
- Only use the Alerus Health Benefits Card to pay for eligible expenses — ineligible transactions will require repayment.
- Using the Alerus Health Benefits Card is optional — mobile, online, and email claims can still be submitted any time.

MOBILE WALLET

Add your Alerus Health Benefits Card to Apple Pay® and Samsung Pay™ and use your mobile wallet on your favorite device (smartphone, tablet, or smartwatch) to make purchases digitally, quickly, and securely.

When buying from a participating merchant, open your mobile wallet and choose the card you want to use. Then:

- For in-store purchases, hold your device up to the terminal.
- For in-app purchases, follow the merchant's instructions

Neither Apple nor Samsung store your card number on your device or their servers. When you set up a card, a digital token is created and used to authorize payments. Your card numbers are not shared with the merchants; instead, a one-time authorization code is used, and the code changes with every transaction.

ADDING HEALTH BENEFITS CARD TO YOUR MOBILE WALLET APPLE PAY

1. Select **Settings** on your device.
2. Tap **Wallet & Apple Pay** then **Add Credit or Debit Card**.
3. Take a photo of the front of your card and enter any remaining information, such as the security code on the back of the card.
4. Agree to the terms and conditions. You're all set.

SAMSUNG PAY

1. Launch **Samsung Pay** on your device.
2. Touch **ADD** then **Add a credit card or debit card**.
3. Take a photo of the front of your card and enter any remaining information, such as the security code on the back of the card.
4. Agree to the terms and conditions. You're all set.

¹ You can use Apple Pay on eligible iPhones, iPads, Apple Watches, and Macs (with Safari browser) using the latest operating systems. For a current list of compatible devices and requirements, visit www.apple.com/apple-pay.

² Samsung Pay is compatible with select carriers and Samsung devices. For more information, visit www.samsung.com/us/samsung-pay.

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ALERUS HEALTH BENEFITS MOBILE APP



MANAGE YOUR BENEFITS ON THE GO

ACCESS YOUR BENEFITS

CHECK YOUR BALANCE. VIEW YOUR SPENDING.

- View your account balance and any required action items.
- Enter new claims and attach documentation using your device's camera.
- Submit documentation for debit card purchases or existing claims using your device's camera.
- Easily contact Alerus client service team.
- Add/update banking information.
- View HSA statements and tax forms.
- Add debit card to mobile payment.
- Report lost/stolen card.
- **Eligible Expense Scanner** - Scan a product bar; this will tell you if an item is eligible based on the 213(d) eligible expense list.
- **HSA Investment Detail** - Manage your HSA investments on the mobile app — view, transfer, realign, and more.

DOWNLOAD THE APP*

- Search **Alerus Retirement and Benefits** in either the App Store or Google Play to download our mobile app.
- The mobile app is available for Apple, iPad, and Android devices.
- Monthly statements and HSA tax forms may be retrieved through the mobile app.



LOGGING IN

- *User ID* is first initial of first name + last name + last four digits of SSN.
- *Password* is last four digits of SSN.
- Once you have established your username and password you will be prompted to create a four digit passcode. At that time you can also enable Touch ID and Facial Recognition.

*Alerus charges no fees to download or use the app. However, your carrier's message and data rates may apply.

Investment products: 1) Not FDIC insured, 2) Not guaranteed by a bank, 3) May lose value.

03.18.2021

24/7 ACCOUNT ACCESS

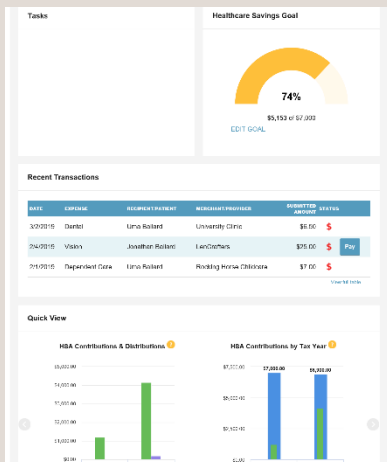


HEALTH BENEFITS ACCOUNT ACCESS

1. Go to **alerusrb.com** and click **LOGIN**.
2. The first time you log in, you will need to create an account. Click **Create Account**. You will need your Social Security Number and date of birth. You will also need one of the following:
 - Alerus Retirement and Benefits hire date
 - Alerus Health Benefits Debit Card number
3. Next, you will be presented with an electronic consent form and terms and conditions. Click **Accept**.
4. On the next page, select a phone number and your preferred method of authentication (text or call). Ensure information is correct and click **Submit**.
5. Enter the six-digit code sent via text or call and click **Submit**.
6. From the MY ALERUS dashboard, select your HSA, HRA, or FSA plan under **Bank Accounts** and click **Go to my account** under **Quick Links**.

HOME PAGE

- The **I Want To...** section has the most frequently used features, like **File a Claim**.
- **Accounts** lists your available balance.
- **Tasks** displays alerts and relevant links related to your accounts.
- **Healthcare Savings Goals** displays progress toward your HSA goals (if applicable).
- **Recent Transactions** lists your latest expenses and their status (if applicable).
- The **Quick View** section displays key account information



ACCOUNTS

The **Accounts** tab provides access to additional sections of the site depending on your account features:

Accounts

- Account Summary
- Account Activity
- Expense Tracker
- Claims
- Payments
- Statements

Investments

- Investments
- Education
- Manage Investments
- Portfolio Performance
- Balance History
- Fund Activity
- Transaction Details

Profile

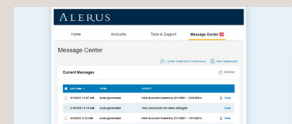
- Profile Summary
- Banking/Cards
- Payment Method
- Login Information

TOOLS & SUPPORT

- **Documents & Forms** provides:
 - Forms
 - Plan Summaries
 - Rules & Agreements
- **How Do I?** allows you to access common features like depending on your account:
 - Change Payment Method
 - Update Notification Preferences
 - Download Mobile App
 - Update HSA Coverage Level
 - View Interest Information
 - View Fee Schedule
 - Update Healthcare Savings Goal
 - Report Card Lost/Stolen
- **Contact Us** provides multiple methods of contacting Alerus for assistance with your account.

MESSAGE CENTER

- View Current Messages
- Update Notification Preferences
- View Statements



QUESTIONS?

Our Client Service Center representatives are eager to assist you Monday through Friday, 7 a.m. to 6 p.m. (CT), at 877.661.4727.

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05.05.2021

HEALTH BENEFITS WEBSITE GUIDE

The following are instructions for some of the most common transactions performed on the website. If you have additional questions, our Client Service Center representatives are eager to assist you Monday through Friday, 7 a.m. to 6 p.m. (CT), at 877.661.4727.

FILE CLAIMS AND UPLOAD RECEIPTS

(does not apply to HSA)

- From the Home page click the **File a Claim** button in the **I Want To:** section.
- The claim filing wizard will walk you through the request including entry of information, payee details, and uploading a receipt.
- To submit more than one claim, click **Add Another**, from the **Transaction Summary** page.
- When all claims are entered in the **Transaction Summary**, click **Submit** to send the claims for processing.

The **Claim Confirmation** page will then display, from here you can save or print the **Claim Confirmation Form** for your records. If you did not upload a receipt, you can upload the receipt from this screen or print a **Claim Confirmation Form** to submit to the administrator with the required receipts.

NOTE: If you see a **Receipts Needed** link in the **Tasks** section of the Home page, click on it to be taken to the **Claims** page. From here you can view claims that require documentation and upload receipts as necessary. Click on a line item to view the claim details and upload receipts link.

MAKE CONTRIBUTIONS TO YOUR HSA

Contributions can be made to your HSA by transferring from your personal bank account. You must also make sure to report that contribution on your tax returns to claim your deduction at tax filing time.

- To make a contribution click the **Make HSA Transaction** button from the **I Want To:** section.
- If you have a bank account on file, you may use that as your contribution account or click the link to add a new bank account.
- You may make one-time or recurring contributions. Complete the transaction information and follow the remaining steps of the online HSA transaction wizard.
- The funds will be withdrawn from your personal bank account within two business days of your request. Funds become available in your HSA as soon as they are deposited.

HOW DO I REQUEST A DISTRIBUTION?

(does not apply to FSA/HRA benefits)

- To request distribution from your HSA, you may select the **Make HSA Transaction** button from the **I Want To:** section.
- Complete the fields as prompted by the online HSA transaction wizard. You may choose to have the disbursement issued to yourself or someone else.

HOW DO I GET MY REIMBURSEMENT FASTER?

It's often most convenient to use your Health Benefits Debit Card at the point of sale to pay for eligible expenses. But if you did not use your debit card, the quickest way to receive reimbursement is to sign up online for direct deposit.

- From the Home page, select the **Tools & Support** tab and then click **Change Payment Method** in the **How Do I?** section.
- Click **Update**.
- Enter your bank account information and click **Submit**.
- The **Payment Method Changed** confirmation displays.
- If there is a bank validation requirement, you will be notified to look for a small transaction or "micro-deposit" in your designated bank account in the next couple of days, which will validate your account.

VIEW STATEMENTS

Your Account Summary report can be found by clicking on the **Accounts** tab and selecting **Statements**. The three most recent summaries will be displayed or, you can click on **View All** to see more.

An HSA Investment Account summary can be found on the site by choosing **Fund Activity Summary**.