



P.O. Box 73688
North Chesterfield, VA 23235

John Doe
123 Main St Apt 1
Cambridge, MA 02139

RE: Your new health savings account (HSA)

Account #: XXXXXXXXXX
Investment Option: Investor Focus HSA
Effective: 7/1/2019

Dear John,

Welcome! You've made a great decision that will help you save for today's healthcare expenses and invest for tomorrow's. Remember, your HSA offers first dollar investing, which means there's no minimum requirement to open your account or invest in funds. To manage your account, log in at: <https://portal.healthsavings.com>. After logging in, you can:

- Manage investment elections, transfers and rebalances
- Contribute and withdraw funds
- View your statements, transaction history and investment performance
- Add one or more authorized signers to your account
- Change personal information, such as beneficiaries, email and mailing addresses, username and password, etc.
- And more

Also, now that your account is open, you may wish to transfer funds from another HSA. To do this, simply complete our Transfer Request Form. After completing and submitting the form, please allow 4-6 weeks for your transfer request to be completed.

Questions?

Feel free to call (888) 354-0697 or email support@healthsavings.com

Hours of Operation:

Monday - Thursday, 8:30 a.m. - 7 p.m. ET
Friday, 8:30 a.m. - 5 p.m. ET

We value your business and thank you for the opportunity to serve you.

Summary of Fees

Administrative Fee: \$45 per year. Fee deducted from account balance. (NOTE: If enrolling with an employer group, this fee may be paid in full, or in part, by your employer.)

Custodial Fee: 6.25 basis points per quarter. Fees will be deducted from the account balance quarterly.

NOTE: If your HSA investments are being managed by a financial advisor, other fees may apply. Please consult your advisor.

Transactional Fees

Withdrawals via paper check	\$10
Excess contribution correction	\$25
Non-sufficient funds (NSF)	\$30
Transaction correction	\$25
Wire transfer (sent or received)	\$25
Duplicate copy of tax document	\$4
Transfer/rollover to another custodian	\$25
Account closure	\$25

Debit Card Fees (if applicable)

Replace lost or stolen debit card	\$12
Additional charge (per card) for three or more debit cards	\$6
Stop payment	\$25
Copy of debit card merchant receipt	\$25
Terminate debit card access	\$25

Interest Schedule

There is no minimum account balance required to open a health savings account or to obtain the annual percentage yield disclosed. Interest is credited monthly and based on the balance in your cash/debit card account. The interest rate available on your account is as follows:

Balance	Interest Rate
\$25,000 or more	0.50%
\$15,000.00-\$24,999.99	0.40%
\$10,000.00-\$14,999.99	0.30%
\$5,000.00-\$9,999.99	0.20%
\$2,500.00-\$4,999.99	0.10%
\$0-\$2,499.99	0.05%