







Customer Website Guide

# Table of Contents

Customer Website Overview	4
I want to Navigate from the Home Page	6
I want to Make HSA Transaction (Contribution/Withdrawal)	8
Pay Bill	8
Reimburse Yourself	8
Add External Bank Account	8
Add a Payee	9
Payment Transaction	9
Payment Transaction Details	
Make a Contribution	
I want to Manage Investments	
Investments Overview and Options	12
Manage Existing Investment Account	
Auto-Sweep Setup	14
Recurring Transfer Setup	14
I want toManage My Expenses	15
myHealth Portfolio <sup>sM</sup>	15
Link Health Care Claims	
myHealth Portfolio <sup>SM</sup> Dashboard	
Add Qualified Medical Expenses	
Pay Expense	
Export Expenses	
Accounts	
Account Summary (balances)	20
Account Activity	20
HSA Contributions by Tax Year	21
Tools and Support	22
Statements & Notifications	23
Statements	23
Delivery Preferences	23
Notification Alerts	24

# Cigna - HSA Bank

Profile	
Profile Summary	25
Update Profile	
Add Dependents	
Add Beneficiary	
Add Authorized Signer	
Banking/Cards	27
Order a Replacement Card	27
Order Checks (optional – fees apply)	27
Add an External Personal Bank Account	
Validate External Bank Account	

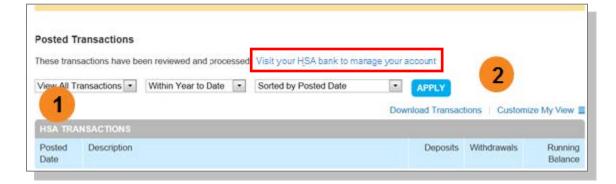
# **Customer Website Overview**

Welcome to Cigna and the Cigna Choice Fund HSA! This guide will provide you with details about <u>how to use the HSA</u> <u>Bank Customer Website</u>, accessed via myCigna.com. The HSA Bank Customer Website gives you 24/7 online access to manage your account. Some of the key features you may want to take advantage of include:

- My Account Functions
- Make HSA Transaction (Online Contribution and Distribution setup)
- Manage Investments
- myHealth Portfolio<sup>SM</sup> and Medical Claims Linking (AutoPay)

#### Step 1:

From myCigna, click on "Visit your HSA bank to manage your account", to link to the HSA Bank Customer Website. There is no additional ID or Password required.



#### Step 2:

The first time you log into the HSA Bank Customer Website please read and accept the E-sign Consent and Online Services agreements. You must open Agreements and scroll to the bottom to the check boxes.

greements	
Password Updated You have successfully updated	ated your password.
You must accept the terms	and conditions for this account by reviewing and accepting all agreements listed below.
Esign Consent Agreement Online Services Agreement	-
Fee Schedule	
	Submit

#### Step 3:

Please enter and confirm your email address to ensure you receive notifications based on your elected preferences.

You will also confirm your delivery method preference for certain bank disclosures and notices.

Please note: You may update this information later by clicking on the **Statements and Notifications** tab then '**Update Notification Preferences'** 

Statements & Notif	ications / Update Notification Preferences
Contact Information	
Email Address	ptranchese@hsabank.com
Confirm Email Address	
	By providing a whide small address above you are encoding in electronic delivery of available communications. Please note that some communications will still be mailed to you in paper form depending on the type of plan you are enrolled in. If you have a Health Samity Account and do not provide a will email address you will receive paper periodic summars for a fee as disclosed in your HSA Bank. Fee and Interest Rate Schedule
Notifications	
You will receive bank disclosu	res and notices, in addition to the items listed below, based on the delivery method you select below.
Delivery Method	Online
For	HSA Account Summary
	HSA Tax Documents

Please note: You may update your email address, marital status or provide gender from the **Profile** tab at the top of the menu bar.

# I want to... Navigate from the Home Page

The HSA Bank Home Page will be displayed on your screen each time you log into the site. Each tab from your Home Page offers an easy-to-use navigation system for viewing information on your account.

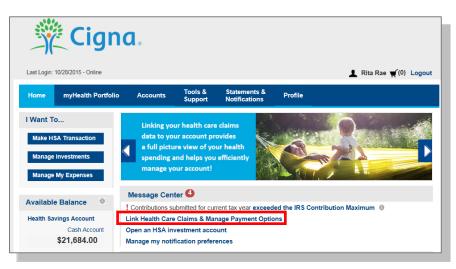
- The left side of the Home Page provides "I want to..." links to take actions related to your account:
  - a. Make HSA Transaction (Contribution or Withdrawal)
  - b. Manage Investments
  - c. Manage My Expenses



- Starting with the top navigation you may access information via the menu tabs at the top of the screen, additionally there are a number of quick links throughout the body of each page that will be described as part of each tab.
  - Home
  - myHealth Portfolio<sup>™</sup>
  - Accounts
  - Tools & Support
  - Statements & Notifications
  - Profile



- Your Message Center helps you stay on top of your account with a variety of notifications, such as a message to
- alert you once you are eligible to open an investment account, notices of a payment that will be processed soon, or an alert to upload a receipt.
- For example, you can click on "Link Health Care Claims & Manage Payment Options" to set your options to pay medical claims automatically or enter payments yourself.



- Below your Message Center you will see a snapshot of your three most recent expenses. You can click on the 'View More' link to review all expenses on the myHealth Portfolio<sup>SM</sup> tab.
- Click **Pay** if you paid out of pocket for an expense and need to be reimbursed or to pay a claim manually. If you've already done so, the Status in recent expenses will show as paid.

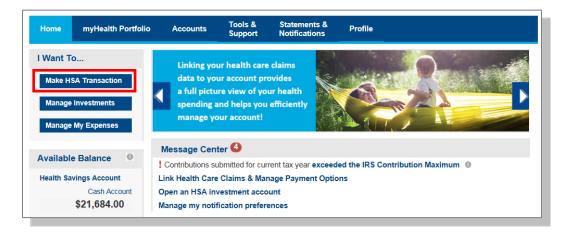
Home n	nyHealth Portfolio	Accounts	Tools & Support	Statements & Notifications	Profile			
l Want To Make HSA Tr Manage Inve Manage My	estments	Did you kı invest you >> Learn More	ır HSA doll					
			bmitted for curr Claims & Man vestment acco			ution Maximum	0	
	1	Recent Transa	ctions					
		Date -	Expense	Merchant/P	rovider	Submitted Amount	Status	
		11/2/2015	Dental	Dr. Dental		\$75.00	0	Pay
		10/31/2015	Laboratory	Newport Im	lage	\$115.00	0	
		8/12/2015	Other	-		\$500.00	0	
	L L							View More
		Quick View						
				HSA Contribution	is by Tax Year			

• At the bottom of the Home page is Quick View, which graphically displays key metrics, making it easy to track your contributions to date.

Quick View		
	H&A Contributions by Tax Year	
	2015 \$3,150.00 of \$6,650.00	
	"Represents your contributions year to date compared to	
	the maximum amount you can contribute based on IRS	
	guidelines.	
	"Contribution amounts do not include pending	
	contributions or rollovers.	

# I want to ... Make HSA Transaction (Contribution/Withdrawal)

From the left hand side of the home page, select "I Want to... Make HSA Transaction". This feature can be used to transfer funds to or from your HSA.



**Pay Bill** 

 To provide additional payment flexibility while utilizing your HSA, you have the option to request a distribution check from your account. The check will be sent directly to the payee listed. Please follow the below instructions to successfully submit an online distribution request.

Note: Checks are mailed within 72 hours and take 5-6 days for delivery.

#### **Reimburse Yourself**

- The best way to reimburse yourself is to establish an Electronic Fund Transfer (EFT) from your external bank account and initiate a transaction from your HSA to your checking or savings account.
- If you need to add an external bank account, click on the Add Bank Account link.

#### **Add External Bank Account**

To add a new account, click on Add bank account, complete the banking information and click on submit (see the Profile section in this guide for additional details).

Home myHealth Portfo	lio Accounts	Tools & Support	Statements & Notifications	Profile	I Want to 🔻
Balance Detail 0	Accounts	/ Make H	SA Transact	tion	
Cash Account Actual Balance \$21,684.00 Pending Withdrawals \$0.00 Available Balance \$21,684.00	Create Transa From * To *	(	Select an account Add Bank Account Select an account	•	* Required
	Cancel				Next

# Cigna - HSA Bank

#### Add a Payee

- Enter the name of the person to be paid in the <u>Payee Name</u> field (information will appear on the printed check for reference).
- Select "Add a Payee" or select one you have used before.
- Complete the information (this will be who the check is made payable to).
- Include an account number if applicable. The <u>Account Number</u> will also appear on the printed check.
- Complete the address of where the check should be mailed.
- Once you have completed the Payee information, click Next.

Payee Details		
Payee *	<ul> <li>● Add a New Payee</li> <li>● Select a Saved Payee</li> </ul>	
Payee Name *		
	Enter who provided this service (this may be a physician, hospital, etc.)	
For		
	When appropriate, provide the name of the person who received service.	
Account Number *		
	Enter the account number that the payee uses to identify the service or recipient.	
Payee Address *	Address Line 1	
	Address Line 2	
	Address Line 3	
	City	
	Select a state	
	Enter the address of physician, hospital, etc. who provided the service.	
	Save new payee information	
Summary		
From	My HSA	
То	Someone Else	

#### **Payment Transaction**

• Enter the frequency one-time or schedule and click on Next.

Accounts / Ma	ke HSA Transaction
Transaction Schedu	e
Frequency *	One-time
Summary	
From	My HSA
То	Someone Else
Cancel	Previous Next

# **Payment Transaction Details**

• Enter the amount, category of the expense, recipient/patient, notes and click on Next.

Transaction Details		
Tax Description	Normal Distribution	
Amount *	\$	
Expense	Select an expense category	
Recipient/Patient 🖲	<ul> <li>Rita Rae</li> <li>Doe Rae</li> <li>Ray Rae</li> </ul>	
Notes		
Summary		
From	My HSA	
То	Someone Else	
Schedule	One-time	
		* Required

ransacuo	on Summary (	1)			
rom	То	Expense	Amount		
ly HSA	Dr Test	Dental	\$100.00	Remove	
otal Amou	nt		\$100.00		
lormal D	istribution Di			Agreed	
certify I ar distribution applicable nave not pr	m the HSA acco request. I am c coverage period reviously been r	ount holder, benefic laiming reimburse d for myself and/or eimbursed or will r	ment only for eligible my legal dependent( not be reimbursed un	al authorized to execute this expenses incurred during the s) under the plan. These exper der any other benefit plan, and	will
certify I ar listribution applicable have not pr to be clair esulting fro cannot pro epresenta confirm th	m the HSA acco request. I am c coverage perioor reviously been r med as an inco om this distribut vide legal advice tive harmless a	ount holder, benefic laiming reimburse d for myself and/or eimbursed or will r me tax deduction. I tion. I understand t e. I indemnify and a gainst any liabilitie:	ment only for eligible my legal dependent oot be reimbursed un certify that I am resp hat my designated re agree to hold the cus s.	al authorized to execute this expenses incurred during the s) under the plan. These exper	will ee ated
certify I ar distribution applicable have not pr resulting frr cannot pro representa confirm th be sent inte	in the HSA accco request. I am c coverage period reviously been r med as an incol om this distribut vide legal advic- tive harmless a nat the financial emationally.	punt holder, benefici laiming reimburse d for myself and/or eimbursed or will me tax deduction. I ion. I understand ti e. I indemnify and gainst any liabilitie: transaction I am al	ment only for eligible my legal dependent oot be reimbursed un certify that I am resp hat my designated re agree to hold the cus s.	al authorized to execute this expenses incurred during the s) under the plan. These exper der any other benefit plan, and onsible for any consequences presentative or custodian/trust todian/trustee and their designa- tomestic purposes only and will	will ee ated

**Transaction Summary and Confirmation** 

• View the transaction summary and confirm the Distribution Disclaimer.

• Confirm the transaction and select Submit or enter another transaction.

#### Make a Contribution

To make a post-tax contribution, from the Make HSA Transaction page, select a bank account on file in the **From** field and select My HSA in the **To** field. Note, if you do not have a bank account on file you can click on 'Add Bank Account' and follow the steps.

Home	myHealth Portfolio	Accounts	Tools & Support	Statements & Notifications	Profile	I Want to 🔻
Balance	Detail 0	Accounts	/ Make H	ISA Transad	tion	
Cash Act Actual Ba Pending V Available	lance \$21,684.00 Withdrawals \$0.00	Create Transa From * To *		Update Bank Accou	/ Checking (xxxx7456)	
		Cancel				* Required

Select your contribution schedule:

- One-Time
- Recurring (Schedule)

One-time     Schedule
One-time Schedule
Monthly      Weekly
● Day: 1 ▼ of every 1 ▼ month(s)
◎ On the: First ▼ Monday ▼ of every 1 ▼ month(s)
mm/dd/yyyy
None
End by     mm/dd/yyyy
Personal Checking / Checking (xxxx7456)
My HSA
Previous Next

Transactio	on Details					
Tax Year *	0	2015				
Amount *		\$				
Notes					~	
IRS Maxim	um Contributio	n Amount @	5			
Tax Year	<b>IRS Maximum</b>	Processed	Scheduled	Pending	Maximum	Contribution Available
2015	\$6,650.00	\$24,058.00	\$0.00	\$3,082.00	(\$20,490.00)	
2014	\$6,550.00	\$0.00	\$0.00	\$0.00	\$6,550.00	
Summary From		Personal ( My HSA	Checking / C	hecking (x)	xx7456)	
To Schedule		Scheduled	1			* Required
Cance	I			Pre	evious	Next

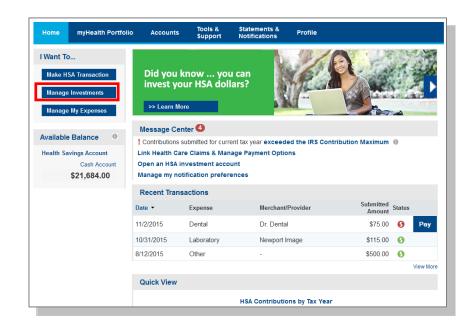
If you are making a contribution between January 1 and April 15, you have the option to contribute to the prior tax year. Use the IRS Maximum Contribution detail presented to determine how much you can contribute for the applicable tax year. Click Next

On the next screen you will confirm the transaction summary, agree to the contribution disclaimer, and click submit. Contributions from your personal external bank account will generally be withdrawn within 2 to 3 business days of your request.

# I want to... Manage Investments

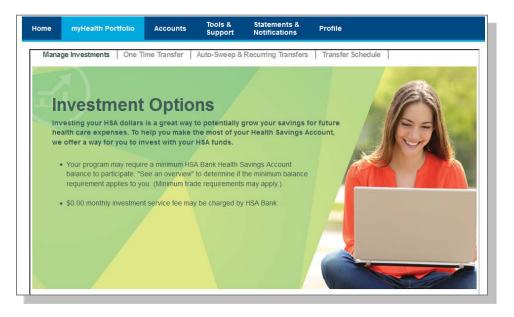
This link takes you to the Manage Investment Page where you can open a self-directed investment account if you have met the minimum threshold required in your cash account. You may also transfer funds to and from your self-directed investment account using the drop down under the appropriate Investment (Devenir/TD Ameritrade).

You may also access the Investments page by clicking the **Accounts** tab from the menu bar, and then click on the **Investments** tab on the left.

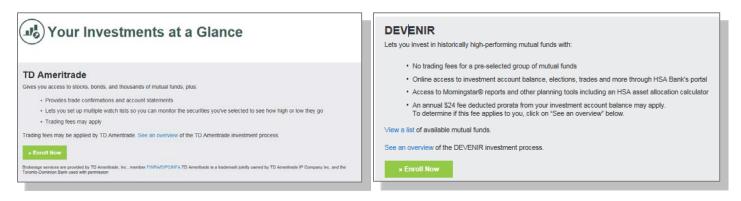


# **Investments Overview and Options**

To understand more about TD Ameritrade or Devenir self-directed invesment options, click on the "See an Overview" link below. The link to Manage Investments and the overview on the Website is not available until you have the minimum balance in your HSA cash account (generally \$2,000). For assistance by web or telephone use the number and Website found on your Cigna ID card.



Click the Enroll Now button to establish a TD Ameritrade or Devenir Self-Directed Investment Account



#### **Manage Existing Investment Account**

Once you have a self-directed investment account(s) opened you will be able to see your Investments at a Glance. To manage your self-directed investment account, click on **Choose an Action** from the drop down under Manage Your Account.

The Manage your Investment Account drop down enables you to transfer funds to and from your self-directed investment account and view your account/transactions. You can make a one time transfer, create a schedule of transfers, or set cash balances above a designated amount to sweep over to the self-directed investment account.

Ameritrade Self-Direct	ed Investment Account ***	1562
Fair Market Value As of close of Market 12/18/2014	HSA Bank Account Balance Available for transfer	Manage Your Account
\$150.00	\$40.45	Choose an Action Choose an Action Transfer to Investments Transfer from Investments View Pending Transfers Access TD Ameritade
VENIR Mutual Fund Inv	/estment Account **-**-581/	
Fair Market Value As of close of Market 12/19/2014	HSA Bank Account Balance Available for transfer	Manage Your Account
\$0.00	\$40.45	

# Cigna - HSA Bank

#### **Auto-Sweep Setup**

- Under the Auto-Sweep & Recurring Transfers tab; select the Auto-Sweep radio button.
- Enter the sweep threshold; HSA cash account funds exceeding the sweep threshold will automatically be
- transferred into the specfied investment accounts (% must equal 100%)
- The minimum sweep amount is \$25.00. Click continue.
- On the next page, you will be prompted to enter the last 4 digits of your social security number to confirm the

I want to set up Auto-	-Sweep: 💿 📀
I want to set up a Recurring T	ransfer: 🔘
Select the account you want to transfer from:	HSA ****5376 💌
Indicate the percentage you wish to distribute to your account(s):	100 % Devenir *****811640
Sweep Threshold:	Minimum \$ 100
HSA cash account funds exceeding the Sweep threshold will automatically be transferred into the specified Investment accounts(s)	
Minimum Sweep:	\$25.00
Minimum amount that will be transferred from your HSA to the specified investment account(s) when you exceed the Sweep Threshold.	
	Cancel >> Continue

transfer details and set up the automatic sweep.

#### **Recurring Transfer Setup**

- Under the Auto-Sweep & Recurring Transfers tab; select the Recurring Transfer radio button.
- Select the desired accounts to set up the recurring transfer and specify the transfer amount.
- Select the Frequency and click Continue.

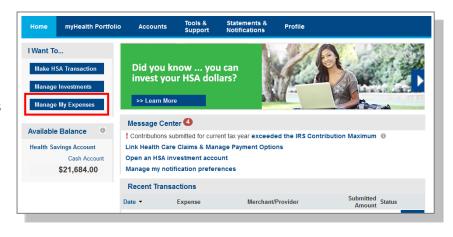
Select one of the following options:		
I want to set up	Auto-Sweep: 🔘 😨	
I want to set up a Recur	ring Transfer: 💿	
Select the account you want to transfer from:	HSA ****4516	Available balance: \$990.06 as of 8/5/2015
Select the account you want to transfer to:	Ameritrade *****0107	Available balance: \$0.00 as of 8/5/2015
Transfer Amount:	25 Minim	um \$ 25
Frequency:	BiMonthly	
	1st and 15th of each month	
		Cancel >> Continue

• On the next page, you will be prompted to enter the last 4 digits of your social security number to confirm the transfer details and set up the recurring transfer.

	w the details of your transfer(s) below. To confirm your transfer(s), provide the last four digits of your Socia ty Number and click the Confirm button below.
	Social Security Number (last four digits):
	Concell >>CONFIRM
Tran	sfer Details
	sfer Details From Account: HSA ****4516
	From Account: HSA ****4516

# I want to...Manage My Expenses

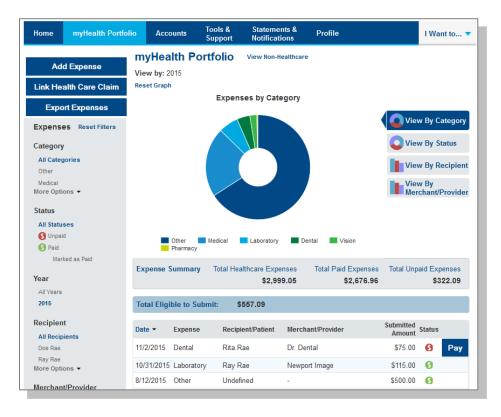
From the left hand side of the Home page click on Manage My Expenses, if you want to add expenses, export expenses or link medical claims and establish medical claim AutoPay.



# myHealth Portfolio<sup>SM</sup>

The Manage My Expenses button takes you to the myHealth Portfolio<sup>SM</sup> page. This page provides a complete picture of your health care expenses. It is a self service dashboard that allows you to:

- Add expenses, Link Health Care Claims and Export Expenses.
- Details of your expense transactions can be viewed by clicking on any expense.
- Track your health expenses easily. The graph shows expenses by category, status, recipient and merchant provider. To change the view, click on reset graph and select the view you would like to see.
- Search for specific expenses and upload receipts.



#### **Link Health Care Claims**

Link Health Care Claims takes you to a page within the myHealth Portfolio<sup>SM</sup> tab where you can select linking and payment options. Enter the information and click on the Save button at the bottom of the page.

You can also link from the Message Center on the Home Page.



If you would like to automatically pay your claims,

there is an option for AutoPay. Otherwise you can receive an alert on the homepage when claims are received and decide how much and when to pay.

With your permission, Cigna can send your medical claims to HSA Bank to be displayed on your HSA Bank Customer Website. To activate this feature from the payment options screen:

- Elect "Yes Link my Health Care Claim Data to my account(s)."
- Then elect to either have HSA Bank automatically pay your portion of the claim OR alert you when a new claim comes in so you can decide whether or not you want to pay it from your HSA account.
- Review the Terms of Service and check the box next to "I have read and agree to the Terms of Service."
- Click Save.
- Going forward, use the myHealth Portfolio tab to manage your expenses. Note that if you turn on AutoPay, the expense will only pay if there are sufficient funds in your account to pay the entire expense.

HOME	MYHEALTH PORT	ACCOUNTS	TOOLS & SUPPORT	STATEMENTS & NOTIFICATIONS	PROFILE	Last Login: 11/6/2015 - Online   <u>Loqout</u>
Link	Health Care Cla	ims & Man	age Payn	nent Options		
Link	my Health Care Clair	m Data				
0	nt to link my Health C Yes, link my Health Ca No, I do not want to lii	are claim data				
Aut	o Pay from My Accou	ints				
l wo	uld like to:					
mad			mount I owe	from my account(s) s	selected bel	low. Notify me when payments are
۲	Alert me when new cla	aims are ready	to view. I wi	ill decide what action	i to take.	
🔽 i h	ave read and agree to	the <u>Terms of</u> S	Service			
S	ave   <u>Cancel</u>					

• You can revisit this page at any time by clicking on the 'Link Health Care Claims & Manage Payment Options' link on the top right corner of the myHealth Porfolio page.

# Cigna - HSA Bank

# myHealth Portfolio<sup>SM</sup> Dashboard

- On the dashboard you can see an easy to read snapshot of your healthcare expenses with charts and graphs.
- The graph shows expenses by category, status, recipient and merchant/ provider. To change the view, click on reset graph and select the view you would like to see.

Home	myHealth Portfo	lio Acc	ounts	Tools & Support	Statements & Notifications	Profile		l Wa	nt to
Ade	d Expense	myHea	alth Po	rtfolio	View Non-Healtho	are Link Health Care	e Claims & Manage Data I	Paymen Linked: A	
		View by: 2	2015						
Ехро	rt Expenses	Reset Grap	h						
Expense	es Reset Filters			Expens	ses by Categor	1			
Category							Viev	w By Ca	ategor
All Categ	jories						Vie	w By Si	tatus
Other							<b>V</b> 10	w by 5	utus
Medical More Optic	ons 🔻						Vie	w By R	ecipie
C								w By	
Status All Status							Mer	chant/F	Provid
O Unpaid									
S Paid									
Mark	ked as Paid		Other	Medical	Laboratory	Dental Vision			
Year			Pharmacy						
All Years		Expense	Summary	Total Hea	lthcare Expenses	Total Paid Expe			
All Years 2015		Expense	Summary	Total Hea	lthcare Expenses \$2,999.05	Total Paid Expe \$2,67			enses 22.09
2015	t		Summary ible to Sub						
2015 Recipien All Recip					\$2,999.05		6.96		
2015 Recipien All Recip Doe Rae				omit: \$	\$2,999.05 557.09				
2015 Recipien All Recip Doe Rae Ray Rae	ients	Total Elig	ible to Sub Expense	omit: \$	\$2,999.05 557.09 ent/Patient Mer	\$2,67 chant/Provider	6.96 Submitted	\$3	
2015 Recipien All Recip Doe Rae Ray Rae More Optio	ients ons ▼	Total Elig	ible to Sub Expense Medical	o <b>mit: \$</b> Recipie	\$2,999.05 557.09 ent/Patient Mer ae Dr 1	\$2,67 chant/Provider	6.96 Submitted Amount	\$3 Status	
2015 Recipien All Recip Doe Rae Ray Rae More Option	ients	Total Elig Date • 6/28/2015	ible to Sub Expense Medical Medical	o <b>mit: \$</b> Recipio Rita R:	\$2,999.05 557.09 ent/Patient Mer ae Dr 1 ae My	\$2,67 chant/Provider Test	6.96 Submitted Amount \$20.00	\$3 Status	
2015 Recipien All Recip Doe Rae Ray Rae More Optic Merchani All Merci Dr. Spock	ients ons ▼ t/Provider hants/Providers	Total Elig Date ▼ 6/28/2015 5/26/2015	ible to Sub Expense Medical Medical Medical	omit: \$ Recipio Rita R: Rita R:	\$2,999.05 557.09 ent/Patient Mer ae Dr T ae My ae My	\$2,67 chant/Provider Test Health Clinic	6.96 Submitted Amount \$20.00 \$225.00	\$3 Status () ()	
2015 Recipien All Recip Doe Rae Ray Rae More Optic Merchant All Mercl Dr. Spock Dean Card	ients ons ▼ t/Provider hants/Providers	Total Elig Date • 6/28/2015 5/26/2015 5/26/2015	ible to Sub Expense Medical Medical Medical Dental	omit: \$ Recipio Rita R: Rita R: Doe R:	\$2,999.05 557.09 ae Dr 1 ae My ae My ae -	\$2,67 chant/Provider Test Health Clinic	6.96 Submitted Amount \$20.00 \$225.00 \$350.00	\$3 Status () () ()	22.09
2015 Recipien All Recip Doe Rae Ray Rae More Option All Merch Dr. Spock Dean Carr More Option	ients ons ▼ t/Provider hants/Providers	Total Elig           Date ▼           6/28/2015           5/26/2015           5/26/2015           5/20/2015	ible to Sut Expense Medical Medical Dental Medical	omit: \$ Recipio Rita R: Rita R: Doe R: Rita R:	\$2,999.05 557.09 Bent/Patient Mer ae My ae My ae Ay	\$2,67 chant/Provider Test Health Clinic Health Clinic	6.96 Submitted Amount \$20.00 \$225.00 \$350.00 \$1.00	\$3 Status () () () ()	22.09
2015 Recipien All Recip Doe Rae Ray Rae More Optic Merchani All Merci Dr. Spock	ients ons • t/Provider hants/Providers e ons •	Total Elig           Date ▼           6/28/2015           5/26/2015           5/26/2015           5/20/2015           5/20/2015           5/15/2015	ible to Sul Expense Medical Medical Dental Medical Other	omit: \$ Recipio Rita R: Rita R: Doe R: Rita R: Rita R:	\$2,999.05 557.09 Ent/Patient Mer ae My ae My ae My ae .	\$2,67 chant/Provider Test Health Clinic Health Clinic	6,96 Submitted Amount \$20.00 \$225.00 \$350.00 \$1.00 \$50.00	\$3 Status () () () () () () ()	

- You can click any place on an expense line to see the details of that expense.
- You may also pay an expense by clicking the Pay button.

Date -	Expense	Recipient/Patient	Merchant/Provider	Submitted Amount Status		
6/28/2015	Medical	Rita Rae	Dr Test	\$20.00 🔇		
5/26/2015	Medical	Rita Rae	My Health Clinic	\$225.00 (\$		
5/26/2015	Medical	Doe Rae	My Health Clinic	\$350.00 🔇		
5/20/2015	Dental	Rita Rae	-	\$1.00 🔇		
5/15/2015	Medical	Rita Rae	Dr. Spock	\$50.00 🔇	Pay	
Expense	Description:	Physical	Date(s) of Se	ervice: 5/15/2015		
Details	Source: Onli	Source: Online Total Billed Amount: (1) \$250.00				
	Expense Am	xpense Amount: \$50.00 Received Date: 5/19/2015				
	Payable Amo	ount: \$50.00	Notes: yearl	y physical		
	Upload Rece	ipt(s)	/iew Receipt(s)	Update Expense Note		
	Mark as Paic	1 I	Remove Expense	Update Expense		

#### Add Qualified Medical Expenses

- You may want to keep track of expenses paid for with other funds or non-Cigna medical expenses. To add an
- expense to your "myHealth Portfolio" click on the Add
  Expense button on the left hand side of the screen.
  Keep in mind you can pay for a wide range of IRSqualified healthcare expenses with your HSA, including
  many that aren't typically covered by health insurance
  plans. This includes deductibles, co-insurance,
  prescriptions, dental and vision care, and more.
- For a complete list of IRS-qualified health care expenses, visit irs.gov or hsabank.com/IRSQualifiedExpenses.



- Complete the information regarding the expense and click on Add.
- You also have the ability to attach/upload a healthcare receipt for easy access to it later on.
- The expense will be reflected in the graph on the myHealth Portfolio<sup>SM</sup> dashboard.

Home	myHealth Portfolio	Accounts	Tools & Support	Statements & Notifications	Profile	I Want to 🤜
myHe	ealth Portfolio	/ Add Exp	ense			
Expe	nse Information					
Exper	nse Description*	Office V	/isit			
Date o	of Service*	11/2/20	15			
Total I	Billed Amount	\$ 20.00	)			
Exper	nse Amount*	\$ 20.00	)			
Provid	der	Dr. Test Add Prov	vider Address	5		
Exper	ise	Medical			•	
Recip	ient/Patient	☑ Rita F □ Ray F □ Doe F	Rae			
Recei	pt	Upload I	Receipt			
Sourc	e	Online				
Date F	Received	11/5/201	5			
Notes	i					
Ca	ncel					*Required

Е

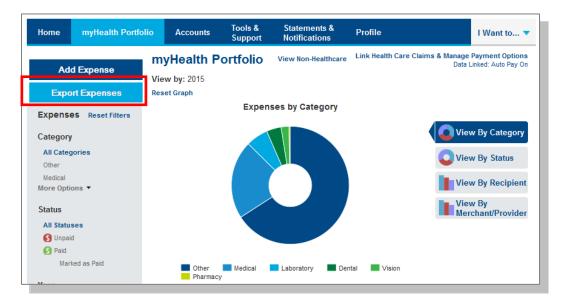
#### **Pay Expense**

Click **Pay** if you paid out of pocket for an expense and need to be reimbursed or to pay a claim manually.

Expense	Summary T	otal Healthcare Exper \$2,999			aid Expenses \$322.09
Total Elig	ible to Submit	\$557.09			
Date -	Expense	Recipient/Patient	Merchant/Provider	Submitted Amount	Status
6/28/2015	Medical	Rita Rae	Dr Test	\$20.00	6
5/26/2015	Medical	Rita Rae	My Health Clinic	\$225.00	0
5/26/2015	Medical	Doe Rae	My Health Clinic	\$350.00	6
5/20/2015	Dental	Rita Rae	-	\$1.00	6
5/15/2015	Medical	Rita Rae	Dr. Spock	\$50.00	6 Pay
5/14/2015	Other	Rita Rae	Dr. Spock	\$90.00	6
5/14/2015	Other	Rita Rae	-	\$10.00	0
5/1/2015	Dental	Rita Rae	Riverside Ortho	\$45.00	Pay

#### **Export Expenses**

To export your expenses to use for other purposes, click on the Export Expenses button on the left side menu bar.



#### Sample Excel Expense Export

Expense II Expense Dexpense Recipient, Merchant, Submitter Expense S Des					
Expense i Expense L'Expense Recipient, Merchand Submitter Expense Sibes	escriptic Expense EEOB Numi Source	Date Rece Date(s) of Total Bi	lle Expense A Payable .	A Notes Payee	Provider / Provider
8454 7/7/2015 Other 20 Paid	doctor Online	7/7/2015 7/7/2015	20 20	0	

# Accounts

# Account Summary (balances)

The Account Summary on the **Accounts** tab shows the Health Savings Cash Account Available Balance and the self directed Investment Balance (if applicable).

Home	myHealth Portfo	lio Accounts	Tools & Support	Statements & Notifications	Profile		I Want to 🔻
Account S	Summary	Accounts /	Account	Summary			
Account A	Activity	Health Savings A	ccount @			Account Nu	imber: 3029253210
Investmer	nts			Available Cash Balan	се	Inv	estment Balance
				\$21,684.	00		\$0.00
HSA Contribu	utions By Tax Year						

# **Account Activity**

The Account Activity page under the **Accounts** tab shows transaction details for your account. You can also export transactions using the Export button. You can also see details of a specific transaction by selecting the individual transaction.

Home myHealth Portf	iolio Acco	unts Tools & Support	Statements & Notifications	Profile			I Want to •
Account Summary	Accour	nts / Accoun	t Activity				
Account Activity	My HSA		•				
Investments	Pending Tra	ansactions					Export
Balance Detail 🛛 🔍	Requested Date	Description	Me	thod	Contribution (Deposit)	Distribution (Withdrawal)	
Cash Account	There are no	records to display.			,		
Actual Balance	Processed	Transactions					
\$33.77 Pending Withdrawals	Processed Date	Description	Ме	thod	Contribution (Deposit)	Distribution (Withdrawal)	
\$0.00	09/14/2015	Adjustment Distribut	ion EF	т		\$20.00	\$33.7
Available Balance	09/09/2015	Participant Contribut	tion EF	т	\$20.00		\$53.7
\$33.77	08/18/2015	Transfer Cash to Inv	vestment No	ne		\$3.23	\$33.7
Investment Account	08/13/2015	Adjustment Distribut	ion EF	т		\$20.00	\$37.0
Devenir Fair Market Value	08/11/2015	Transfer Investment	to Cash No	ne	\$24.00		\$57.0
*Current as of 11/6/2015	08/11/2015	Participant Contribut	tion EF	т	\$20.00		\$33.0
\$76.64	07/18/2015	Transfer Cash to Inv	vestment No	ne		\$25.00	\$13.0
HSA Contributions By Tax Year	06/23/2015	Adjustment Contribu	tion EF	т	\$1.00		\$38.0
Request Check Stop Payment	06/18/2015	Transfer Cash to Inv	vestment No	ne		\$25.00	\$37.0
	06/16/2015	Transfer Investment	to Cash No	ne	\$33.00		\$62.0
	1   2   3   4 >						Next >

# HSA Contributions by Tax Year

You can view HSA Contributions by Tax Year by clicking on the link on the bottom left hand side of the Account Activity screen.

Home ı	myHealth Port	folio Accou	nts Tools & Support	Statements & Notifications	Profile		I Want to •
Account Sum	mary	Accoun	ts / Account	Activity			
Account Activ	vity	My HSA		•			
Investments		Pending Tra	nsactions				Export
Balance Det	ai <mark>l 0</mark>	Requested	Description	Moth	Cont	ribution Distributio	Palanas
Cash Accoun	t HSA Co	ntributions By	/ Tax Year View Exa	mple			×
Actual Balance	Tax Year	IRS Maximum		Contributions from Future Years	Rollover Co	Remaining * ntribution Amount	
Pending Witho	dra 2015	\$6,650.00	\$0.00	\$0.00	\$0.00	\$6,650.00	
Available Bala	2014	\$6,550.00	\$0.55	\$0.00	\$0.00	\$6,550.45	\$53.77
	2013	\$6,450.00	\$25.00	\$1.00	\$0.00	\$6,424.00	\$33.77
Investment A	* Contribution	ns for Prior Year are n	ot included in the Remainin	g Contribution Amount.			<del>-</del> \$37.00
Devenir		08/11/2015	Transfer Investment to	o Cash None		\$24.00	\$57.00
Fair Market Va *Current as of 11/6	/2015	08/11/2015	Participant Contributio	on EFT		\$20.00	\$33.00
	\$76.64	07/18/2015	Transfer Cash to Inve	stment None		\$25.0	0 \$13.00
HSA Contribution	is By Tax Year	06/23/2015	Adjustment Contributi	on EFT		\$1.00	\$38.00
Request Check S	Stop Payment	06/18/2015	Transfer Cash to Inve	stment None		\$25.0	0 \$37.00
		06/16/2015	Transfer Investment to	o Cash None		\$33.00	\$62.00
		1   2   3   4 >					Next >>

# **Tools and Support**

The **Tools & Support Tab** will provide you with forms, quick links, and a handy 'How Do I?' section that will quickly navigate you to the place you need to manage your account.

lome	myHealth Portfolio	Accounts	Tools & Support	Statements & Notifications	Profile	I Want to
Tools	& Support					
Docum	ents & Forms			How Do I?		
Forms				Undate Noti	ification Preferences	
	orized Representative H			View Fee S		
	ns Exchange Terms of Se					
	rage Level Update Form			Quick Links		
	Card Transaction Dispu			QUICK LINKS		
	nse Eligibility List			Customer W	Vebsite Guide	
	Contribution Form				utual Fund Investment Acco	unt Info
HSA	Death Beneficiary Form			Learn Abou	t FDIC Insurance Coverage	
HSA	Death Distribution Form			Member We	ebsite Demos	
HSA	Direct Rollover-Transfer	Form		Privacy and	I Opt-Out Notice	
HSA	Distribution and Closure	Form		Security		
	Verification Form					
	e Change Request Form					
HSA	Tax Documents					
Plan Su	ummaries					
Healt	h Savings Account Plan	Rules				
	h Savings Account Plan					
Healt	h Savings Account Plan	Details				
Healt	h Savings Account Plan	Documents				
Rules 8	Agreements					
	Consent Agreement					
	e Services Agreement					
Contac	ct Us					
Cigna	a					
	- 3ox 939					
Sheb	oygan , WI 53082					
	e: (800) 244-6224					
	(877) 851-7041					
Email	noemail@noemail.con	n				

# **Statements & Notifications**

#### **Statements**

The **Statements & Notifications Tab** provides access to statements and tax documents, and the ability to Update Notification Preferences. Click on the link to the statement you want to view. You may also print the statement.

Note: If your HSA account moved from Chase, there will be a 'Historical Documents' link under the HSA Account Summaries section for viewing and downloading prior monthly and tax statements for a period of time until the statements are available on the HSA Bank Website.

Home myHealth Portfolio Accounts	s Tools & Support	Statements & Notifications	Profile	I Want to 🔻
Statements & Notifications				
Statements		Notifications	Update Notification Pref	erences
HSA Account Summaries	_	Advice of Depo	osit	
HSA Account Summary (9/1/2015 - 9/30/2019 HSA Account Summary (8/1/2015 - 8/31/2019 HSA Account Summary (7/1/2015 - 7/31/2019 View All	5)	Advice of Depo	sit (4/2/2015)	

#### **Delivery Preferences**

- Click on the Update Notification Preferences
- Under the notification section, you can view or change your delivery method preference for account summaries, tax forms, and certain bank disclosures and notices.

lome	myHealth Portfolio	Accounts	Tools & Support	Statements & Notifications	Profile	I Want to
Stater	ments & Notific	ations / U	pdate No	tification Pr	eferences	
Conta	ct Information					
Email /	Address	ptrancl	nese@hsabank	.com		
Confirr	n Email Address					
		in electronic note that so you in pape are enrolled and do not paper period	delivery of available of ome communications form depending on t in. If you have a Heal provide a valid email at	the type of plan you Ith Savings Account ddress you will receive ee as disclosed in your		
	cations I receive bank disclosures	and notices, in	addition to the i	items listed below. ba	ased on the delivery method yo	ou select below.
	ry Method		ne 🔘 Paper an			
For		HSA Ac	count Summary	/		
		HSA Tax	_			

# **Notification Alerts**

Use the Update Notification Preference to view and update Alert Options. Expand the notification categories to add, edit, or turn off notifications as appropriate.

Alert Options	
Alert	Email 🚱
Claim Alerts	
Claim has been filed for your account Automatically sent based on whether or not you have an email address	Emailed
Contribution Alerts	
Contribution posted to your HSA	
HSA available cash balance is below \$ 500.00	
HSA contributions year-to-date are within \$ 300.00 of the IRS maximum	
Investment Alerts	
Eligible to open a HSA investment account	
Payment Alerts	
Payment issued out of your account	
Withdrawal from your HSA exceeds \$ 75.00	
Statement Alerts	
HSA Account Summary is available online Automatically sent based on whether or not you have an email address	Emailed
HSA tax documents are available online Automatically sent based on whether or not you have an email address	Emailed
	*Required
Cancel	Submit

# Profile

#### **Profile Summary**

The **Profile** tab will assist with reviewing your personal demographic information, along with offering the functionality to add an external bank account for online contributions and distributions from your HSA. Use the profile tab to view your setup details.

Home myHealth Portfo	lio Accounts	Tools & Support	Statements & Notifications	Profile	I Want to 🔻
Profile	Profile / Pr	ofile Sun	nmary		
Banking/Cards	Profile	Update	Profile	Dependents	Add Dependent
	Phil Testfour			No dependents	
	605 N 8TH ST STE 320 SHEBOYGAN, W	1 53081		Beneficiaries	Add Beneficiary
	ptranchese@hsal	bank.com		pp pppp Type: Primary	
	Gender Unspecified	Marital Unspeci		Share: 100% View / Update Remove	
	Participant Acco 888994490	ount ID			ers Add Authorized Signer
				No Authorized Sign	-

# **Update Profile**

Click on the Update Profile link to update your email, or enter your marital status/gender. If your name has changed, please complete the Name Change Request Form located under the **Tools & Support** tab of the Customer Website. If you would like to change your name or home mailing address, please notify your employer to ensure that your employer, Cigna, and HSA Bank have up-to-date information.

Home	myHealth Portfolic	o Accounts	Tools & Support	Statem Notifica		Profile		I Want to 🔻
Profile		Profile / Up	date Pr	ofile				
Banking/C	ards	Contact Inform	ation					
		Email Address		ptranchese	ghsabank	.com		
		Confirm Email A						
				By providing a va- electronic deliver that some commo form depending o you have a Health em all address you a fee as disclosed Schedule	y of available mications will in the type of Savings Acc will receive	communications il still be mailed f f plan you are en sount and do not paper periodic s	. Plaza nota to you in papar rollad in. M provida a valid un mariaz for	
		Demographic li	nformation					
		Gender		Male	Fema	ale		
		Marital Status		© Married	© Single	e		
								"Reguined
		Cancel						Submit

#### **Add Dependents**

Use the Add dependent link to add, view or update dependents. Dependents added will appear in myHealth Portfolio<sup>SM</sup> and the Make HSA transaction pages.

#### **Add Beneficiary**

You may designate a beneficiary to receive your Health Savings Account assets in the event of your death. If you are married and domiciled in a community property state, you may

Home myHealth Por	tfolio Accounts	Tools & Stateme Support Notificat		I Want to
Profile	Profile / Pro	ofile Summary		
Banking	Profile	Update Profile	Dependents	Add Dependent
Login Information	Rita Rae 19 Silver St Sheboygan, WI 530	081	Ray Rae Birth Date: 3/4/1967 Student: No	Doe Rae Birth Date: 12/17/1997 Student: No
	(920) 222-3333 ptranchese@hsaba	ank.com	View / Update	View / Update
	Gender	Marital Status	Beneficiaries	Add Beneficiary
	Female	Married	No beneficiaries	
	Participant Accou 332552222	nt ID	Authorized Signer	S Add Authorized Signer
			Ray Rae Birth Date: 3/4/1967 View / Update	

designate your spouse as primary beneficiary via the Website. However, if you designate a non-spouse primary beneficiary, you must submit a beneficiary form with the notarized consent of your spouse.

#### Add Authorized Signer

An authorized signer may be added through the **Profile** tab of the Customer Website. Authorized Signers can access the account and submit updates on the

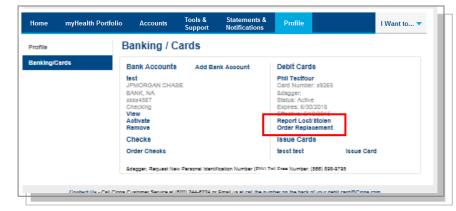
account. Additionally, authorized signers normally get a Debit Card.

- Navigate to the Profile screen and click Add Authorized Signer.
- Complete the information and click on Submit button.

Home	myHealth Portfolic	Accounts	Tools & Support	Statements & Notifications	Profile	I Want to
Profile		Profile / Ad	d Autho	rized Signer		
Banking/C	ards	Authorized Sign	ner Informati	on		
		Name *		First Name	M	
				Last Name		
		SSN*		-	-	
		Birth Date *		mm/dd/yyyy		
		Address *		Address Line 1		
				Address Line 2		
			1	City		
				Select e state	<ul> <li>Zlp Code</li> </ul>	
		Phone *		-	-	
						"Required
		Cancel				Submit
		Cance				

# **Banking/Cards**

You can view Debit Card information, report lost and stolen cards and request a replacement card on the Banking/Cards page.



Lost/Stolen Deb	
and information	
lelected Card:	Phil Testfour x9205
Correct Status:	Active
date Card Status	
lew Status:	Lost/Stolen
ost/Stolen card within 5- noorrest, slick the Conce	id nun ber will autom situally be lazued and malled to the primary cardiologie's address to replace the 7 bulaness days. Verify the primary cardiologie's address before oliciting the Submirbutton. If the address is Foutton and contact Cigna Custom entervise at (200) 244-5224 or
	sk.of.your.debit.cand@Olgna.com to update the address before reporting the card lost or stolen.
	e <u>k of jourd ob Lando Cigne.com</u> to update the address before reporting the sard last or stater. Pell Teattour 601 N of H of Bertschickel, WI SZOSI
Verify Shipping Address (Babelik) (Canceli)	Phil Tastfour BOS N 3TH ST
(auth, Shipping Address: (Submit) (Cantal) (Questions) Contact Opn	PRI Testow Bod n Jth At Breidencka, w 2001

# Report a Lost or Stolen Card

• Submit the form to get a replacement card and cancel the Lost/Stolen card.

#### **Order a Replacement Card**

 Confirm your information is accurate and then click submit to order a Replacement Card. A card issuance fee may apply, please refer to your HSA Bank Fee and Interest Rate schedule for further information.

Replacement Card	
Card Information	
Selected Card:	Phil Testfour x9055
Current Status:	Active
Replacement Card	
busivess days. Verify the privery cardicolder	d num ber xill be issued and a alled to the prie any cardholder's address to replace the card within 5-7 's address before clicking the Submit button. If the address is incorrect, click the Concel button and for at (200) 244-5224 or <u>call the num ber on the back of your debit sardPCigns com</u> to update the place and
Varify Shipping Address:	Phil Tearbur 605 N ST ST SHEEDYCAN, WI 55051
Submit: (Cancal)	

#### **Order Checks (optional – fees apply)**

- From the Profile screen and Banking/Cards tab click on Order Checks.
- Complete the check order and click on the Order Checks button at the bottom of the page. The fee for the checkbook will be withdrawn from your HSA cash account. Please refer to your HSA Bank Fee and Interest Rate schedule for further information.

Profile	Banking / Cards			
Banking/Cards	Bank Accounts Add Bank Account No bank accounts exist Checks Order Checks	Debit Cards Phil Testfive Card Number: v9884 † Status: Active Expires: 6/30/2018 Effective: 6/25/2015		
	† Request New Personal Identification Number (PIN	I) Toll Free Number: (866) 898-9795		

# Cigna - HSA Bank

#### Add an External Personal Bank Account

- Accountholders must have an active external bank account on file in order to make an online contribution to or payment from your HSA. If you need to set up your external bank account, click on the **Banking/Cards** tab.
- Click on the Add Bank Acccount link and enter the information regarding your checking or savings account and Financial Institution name and address. Click Submit button at the bottom of the screen.
- After you have submitted the account, HSA bank will send a small transaction to your account.
- Once the deposit is received in your external account, you will validate your banking information using the steps below
- Select the HSA Direct Deposit button to update your Payment method after you have entered and confirmed your bank account information.

Home	myHealth Portfolio	o Accounts	Tools & Support	Statements & Notifications	Profile	I Want to 🔻
Profile		Banking / A	dd Bank	Account		
Banking Login Info	rmation	Bank Account In Routing Number Account Number Confirm Account Account Type *	* • • [ * [ Number * [	Checking	•	
		Account Nicknam Bank Institution Bank Name *		n		
		Bank Address *		Address Line 1 City Select a state	•	
		Cancel		Zip Code		*Required

Update Payment Method to Direct Deposit				
Select the plan year/s below that you wou	id like to update your payment	method to Direct Deposit.		
	Current Payment Method	Update Payment Method To		
Health Savings Account	Debit Card Check	Debit Card Direct Deposit		
Cancel		Submit		

#### Validate External Bank Account

- Navigate to the **Banking/Cards** section of the **Profile** tab
- Click on Activate under your bank account information
- You will need to activate the account by entering the amount of the transaction from your checking/savings account



- Enter the amount of the small transaction (\$.01 to \$1.99) to your checking or savings account from Webster Bank in the amount filed and click on submit.
- This account will now be available for direct deposit.

Banking/Cards	Activation Details		
	To activate this bank account you must verify the amount that was deposited to the account below. You are allowed only two attempts before the account will be locked.		
	Bank Name	JPMORGAN CHASE BANK, NA	
	Routing Number	xxxxx0037	
	Account Number	3000/4567	
	Amount *	S I Enter the amount deposited into your account.	
		"Regulard	
	Cancel	Submit	