

HEALTH & BENEFIT ACCOUNTS

Employee Notifications Guide

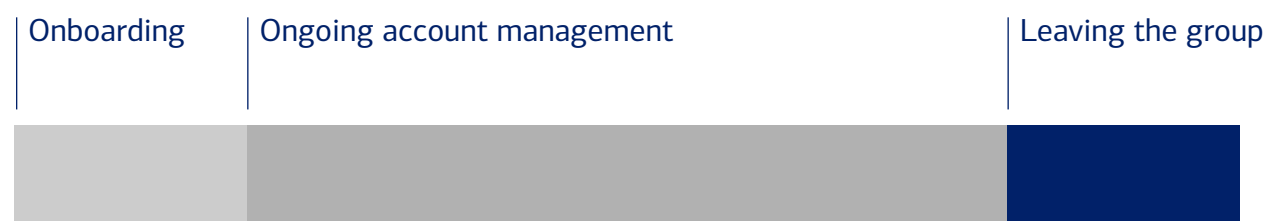
Our goal is to provide meaningful communications that help participants easily manage their account.

This reference guide provides the system-generated notifications sent throughout the life cycle of your employee's Health & Benefit Accounts.

Four guiding principles for notifications

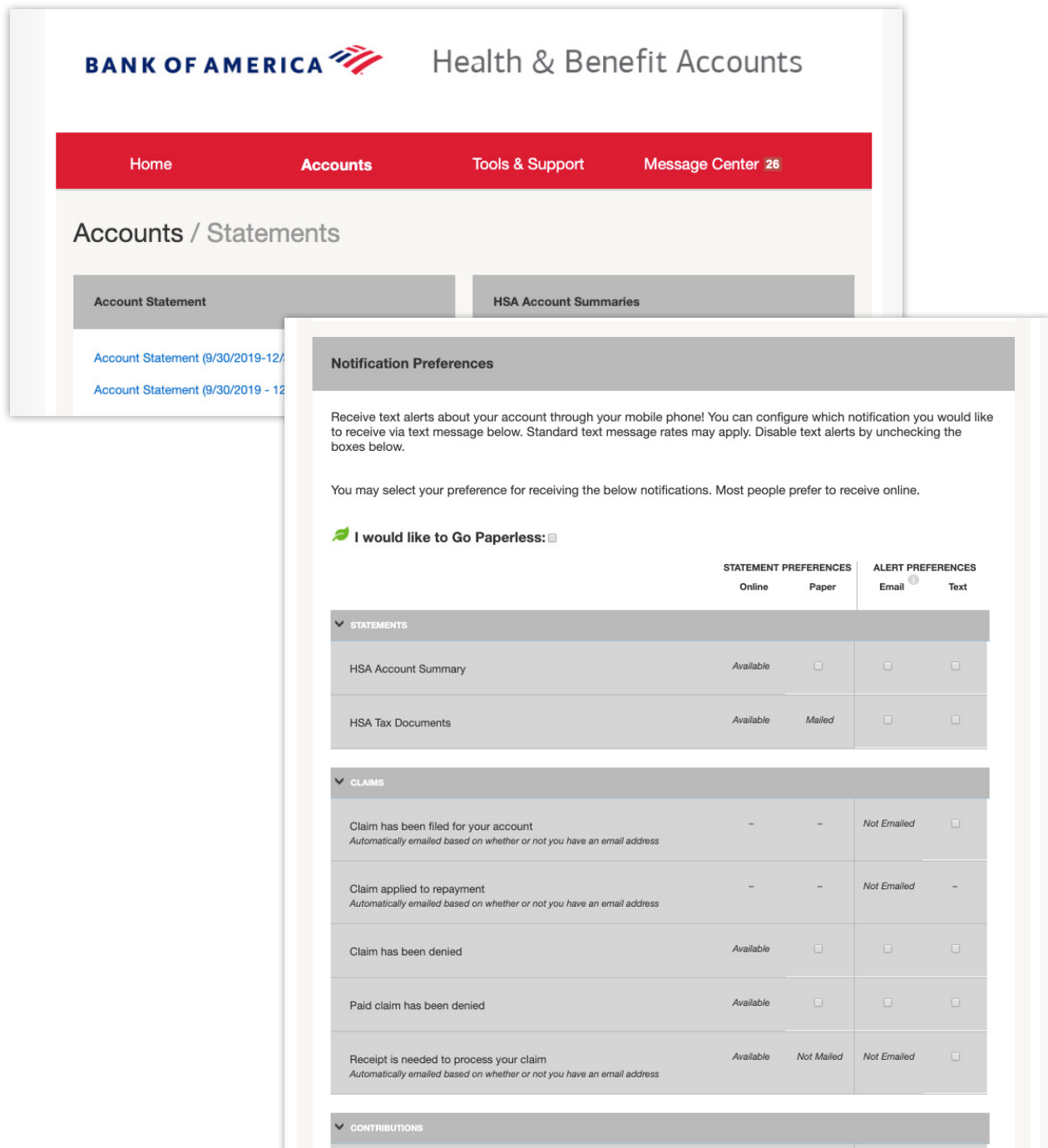
1. Communications have been designed to be **clear & simple**.
2. **Information is actionable** and communicates what response or action is required by the recipient or if the communication is simply meant to be informative.
3. **Notifications are time-bound** with deadlines clearly stated and explained.
4. Links are provided, as needed, to **help where it's available**.

Notification life cycle



Participants can set up their notification preferences online.

Preferences can be updated on the Message Center tab of the member website by clicking on "Update Notification Preferences." The Notification Preferences page will allow participants to opt into paper statements, text messages and other alerts.




The screenshot shows the Bank of America Health & Benefit Accounts website. The navigation bar includes Home, Accounts, Tools & Support, and Message Center 26. The main content area is titled "Accounts / Statements" and includes links for "Account Statement" and "HSA Account Summaries".

The "Notification Preferences" page is displayed, featuring the following text:

Receive text alerts about your account through your mobile phone! You can configure which notification you would like to receive via text message below. Standard text message rates may apply. Disable text alerts by unchecking the boxes below.

You may select your preference for receiving the below notifications. Most people prefer to receive online.

 I would like to Go Paperless:

	STATEMENT PREFERENCES		ALERT PREFERENCES	
	Online	Paper	Email ¹	Text
STATEMENTS				
HSA Account Summary	Available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HSA Tax Documents	Available	Mailed	<input type="checkbox"/>	<input type="checkbox"/>
CLAIMS				
Claim has been filed for your account <i>Automatically emailed based on whether or not you have an email address</i>	-	-	Not Emailed	<input type="checkbox"/>
Claim applied to repayment <i>Automatically emailed based on whether or not you have an email address</i>	-	-	Not Emailed	-
Claim has been denied	Available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paid claim has been denied	Available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Receipt is needed to process your claim <i>Automatically emailed based on whether or not you have an email address</i>	Available	Not Mailed	Not Emailed	<input type="checkbox"/>
CONTRIBUTIONS				

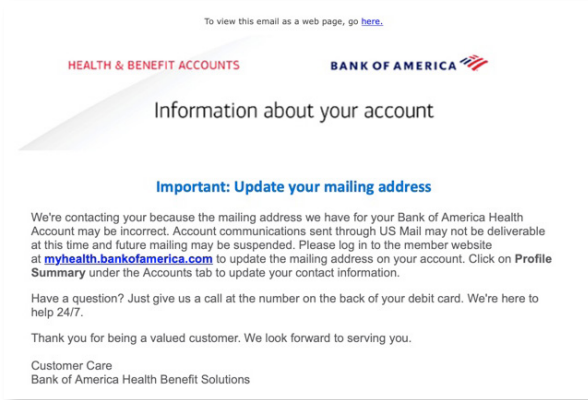
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Health Benefit Solutions Communication samples

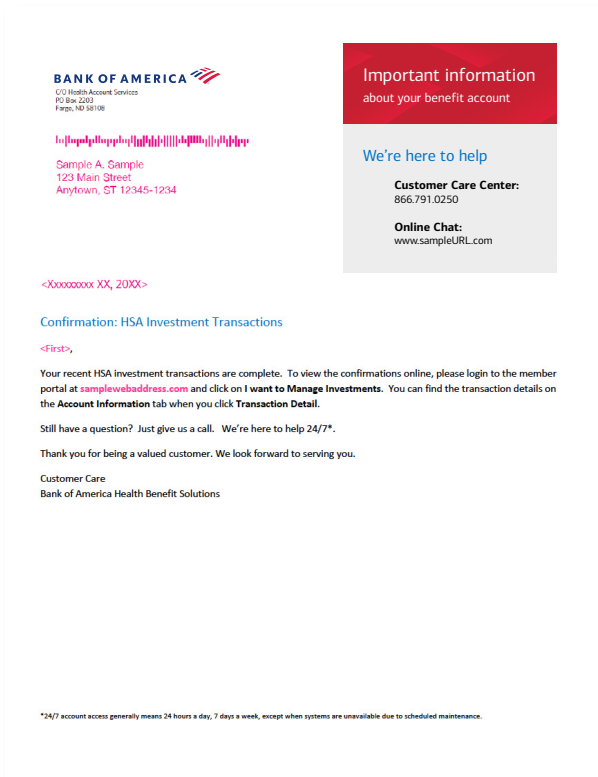
Email Notification



Text Notification

A debit card transaction has been processed for \$10.00 on 01/01/2019. Questions? Call number on back of card.

Mailed Letter



Member Website Notification

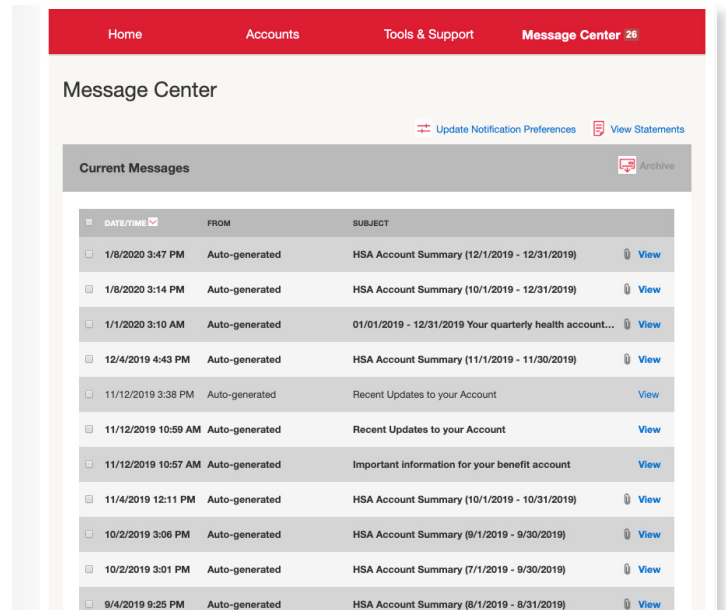


Chart of notifications

Overview of notifications by life cycle category, product and delivery channel.

Category	Notification	Product	Delivery options	Delivery channel			Available on member website	
				Email	U.S. Mail	Text*		
Onboarding	Debit card mailed notification	All	E	•		•		
	Debit card package	All	P		•			
	Identity verification — account hold removed	HSA	E	•				
	Identity verification — missing information — Day 1	HSA	E	•				
	Identity verification — missing information — Day 45	HSA	E	•				
	Welcome letter – DCFSA only	DCFSA	P		•			
	Welcome letter – Health & Benefit Account only	Health & Benefit Accounts	P		•			
	Welcome letter – HSA + Health & Benefit Account	All	P		•			
	Welcome letter – HSA only	HSA	P		•			
	Welcome notification – HSA	HSA	E	•			•	
Claims management (online/manual)	Welcome notification – Health & Benefit Account	Health & Benefit Accounts	E	•			•	
	Claim submission confirmation	Health & Benefit Accounts	E	•		•		
	Denial	Health & Benefit Accounts	O	•	•	•	•	
	Denial with repayment request	Health & Benefit Accounts	O	•	•	•	•	
	Direct deposit failure for claim payment	Health & Benefit Accounts	E	•				
	Online advice of deposit available for claim reimbursement	Health & Benefit Accounts	E	•			•	
	Payment issued for claim reimbursement	Health & Benefit Accounts	E	•		•		
	Receipt reminder 1 – Day 5	Health & Benefit Accounts	B	•	•	•	•	
	Receipt reminder 2 – Day 15	Health & Benefit Accounts	B	•	•	•	•	
	Receipt reminder 3 – Day 30	Health & Benefit Accounts	B	•	•	•	•	
	Recurring claim confirmation	Health & Benefit Accounts	E	•				
	Request for more information	Health & Benefit Accounts	E	•			•	
	Flexible spending balance remaining	Health & Benefit Accounts	E	•				
	Debit card activity	1st receipt request – Day 1	Health & Benefit Accounts	B	•	•	•	•
		2nd receipt request – Day 15	Health & Benefit Accounts	B	•	•	•	•
Debit card purchase confirmation		All	E	•		•		
Debit card follow up notices		Health & Benefit Accounts	E			•		
Debit card purse suspend		All	E			•		
Debit card purse unsuspend		All	E			•		
Debit card suspend		All	E			•		
Debit card unsuspend		All	E			•		
Ineligible notice		Health & Benefit Accounts	B	•	•	•	•	
Debit card issued – product enrollment change		All	E	•				
Overdue receipt notice – Day 30		Health & Benefit Accounts	B	•	•	•	•	
Request for more information		Health & Benefit Accounts	B	•	•	•	•	
Investments	Eligible for investments	HSA	E	•				
	Investment trade confirmation	HSA	B	•	•			
HSA contributions & distributions	ACH reject for HSA contribution	HSA	E	•				
	Check reject for HSA contribution	HSA	E	•				
	Excess contribution notice	HSA	E	•				
	Excess contribution return notice	HSA	P		•		•	
	HSA contribution maximum warning notification	HSA	E	• ⁴		•		
	HSA advise of deposit	HSA	E	•				
	HSA payment issued	HSA	E	•				
	HSA distribution payment issued	HSA	E	•				
	HSA recurring contribution cancelled	HSA	E	•				
	HSA recurring contribution created	HSA	E	•				
	HSA recurring contribution updated	HSA	E	•				
	Online advice of deposit available for HSA distribution	HSA	E	•			•	
Statements & tax documents	Over contribution notice	HSA	E	•				
	Health & Benefit Account statement available	Health & Benefit Accounts	E	•				
	HSA account summary statement available	HSA	E	•		•		
	HSA tax document available	HSA	E	•		•		

*-Participant needs to opt into receiving these messages
 O-Participant can opt into online or paper delivery preference
 B-Sent by email but printed & mailed if email address unavailable
 E-Electronic delivery

P-Printed and mailed
 U-Sent immediately by email; follow up letter mailed when information is still outstanding after 5 days
"Health & Benefit Accounts" in the "Product" column refers to LPFSA, DCFSA, FSA, Commuter Benefits.

Chart of notifications (continued)

Overview of notifications by life cycle category, product and delivery channel.

Category	Notification	Product	Delivery options	Delivery channel			Available on member website
				Email	U.S. Mail	Text*	
Security updates	Account locked	All	E	•			
	Account username reset request: system identifies account	All	E	•			
	Account username reset request: system does not identify account	All	E	•			
	Account username reset request: system identifies multiple usernames	All	E	•			
	Account username reset request: system identifies multiple terminated usernames	All	E	•			
	Bank account activation	All	E	•			
	Password reset: account is locked	All	E	•			
	Password reset: new password	All	E	•			
	Password reset request: system identifies account	All	E	•			
	Password reset request: system does not identify account	All	E	•			
	Red flag notification: direct deposit, user ID, password & address updates	All	E	•			•
Red flag notification: email address updates	All	E	•			•	
Account status changes & closures	Zero balance reminder 1 – Month 6	HSA	E	•			
	Zero balance reminder 2 – Month 13	HSA	E	•			
	Zero balance reminder 3 – Month 16	HSA	B	•	•		
	Deceased notification: zero balance	HSA	P		•		
	Deceased notification: non-receipt of required documentation (beneficiary on file)	HSA	P		•		
	Deceased notification: non-receipt of required documentation (non-beneficiary on file)	HSA	P		•		
	Deceased notification: partial receipt of required documentation (beneficiary on file)	HSA	P		•		
	Deceased notification: partial receipt of required documentation (non-beneficiary on file)	HSA	P		•		
	HSA account transfer and closure confirmation	HSA	P		•		
	Identity verification HSA account closure confirmation	HSA	P		•		
	Involuntary HSA account closure confirmation	HSA	P		•		
	Employment status fee change confirmation: HSA	HSA	B		•		
	Employment status fee change—PO BOX as Home Address	HSA	P		•		
Voluntary HSA account closure confirmation	HSA	P		•			

*-Participant needs to opt into receiving these messages
 O-Participant can opt into online or paper delivery preference
 B-Sent by email but printed & mailed if email address unavailable
 E-Electronic delivery

P-Printed and mailed
 U-Sent immediately by email; follow up letter mailed when information is still outstanding after 5 days
"Health & Benefit Accounts" in the "Product" column refers to LPFSA, DCFSA, FSA, Commuter Benefits.



Onboarding

Onboarding

The onboarding phase occurs within the first 90 days of your employee's Health & Benefit Account.

Email:
Debit card mailed

[A new debit card for your Health & Benefit Account has been mailed to you](#)

A new debit card is on its way to you. Please make sure to activate the new debit card immediately so you can continue paying for qualified expenses the easiest way at the point of purchase. You can view your debit card information online by logging into the Member Website at myhealth.bankofamerica.com. Your new debit card status and effective date can be found under the Accounts tab on the Profile link by clicking on Banking.

Please be sure to contact us immediately if you don't receive your new debit card in the next 5-7 business days.

Have a question? Just give us a call. We're here to help 24/7.

Thank you for being a valued customer. We look forward to serving you.

Text:
Debit card mailed

"The [Debit Card Reimbursement Name] you requested was mailed. View details on member website."

Onboarding

U.S. Mail: Debit card package

BANK OF AMERICA 

P.O. Box 15292, Wilmington, DE 19850



Chris Martin
22 Boulder Street
Hanson, CT 00000-7253



Customer Care Center:
<Variable Phone #>



Member Website:
myhealth.bankofamerica.com



Getting Started Checklist:
go.bofa.com/GetStarted

Your Health and Benefit Account Visa debit card is the easiest way to pay for expenses.

Pay for qualified expenses

Conveniently swipe your card when you check out at your doctor's office or pay for medication at the pharmacy. You can also use your card to pay your bill on your provider's website. Funds are automatically deducted from your account, so there's no need to wait for reimbursement.

Save your receipts

The IRS may require validation for any purchases made on your account, so make sure to hold on to your receipts. Visit saveituseit.com for a list of qualified expenses.

Your security is our top priority

Your health and benefit account card comes with our \$0 Liability Guarantee so you're not responsible for fraudulent charges that may occur on your debit card¹.

Access your account 24/7 on our Member Website or MyHealth mobile app

Sign in to your account to check your balance, view transactions or order additional cards for dependents.

Call 844.292.7615 now to activate your health account card.

- Activate your card by calling the number on the sticker
- Purchases cannot be made until you activate the card
- Select your own 4-digit Personal Identification Number (PIN) during card activation process
- Sign the back of your card immediately
- Your card may only be used for qualified expenses
- Your card may not be used at ATMs or banking centers

Onboarding

Email:
Identity verification —
account hold removed

Confirmation: Your HSA account has been opened

Thank you for returning the HSA Identification Verification Form to Bank of America that was required to open your Health Savings Account (HSA). Your account has been verified and you now have full access to all transactions on our member website at myhealth.bankofamerica.com. You are also able to begin using the Health & Benefit Account debit card you received in the mail.

If you need more information on managing your HSA, go to the Learning Hub where you'll find easy-to-use tools and resources including guides, calculators, videos, eligible expense lists, FAQs and more.

Have a question? Just give us a call. We're here to help 24/7.

Thank you for being a valued customer. We look forward to serving you.

Onboarding

Email:
Identity verification:
missing information —
Day 1

Action Required: More information needed to open your Health Savings Account

We're glad you've chosen Bank of America for your Health Savings Account (HSA), and are in process of setting up your account. Because verification of identification is required by Section 326 of the USA Patriot Act, we need additional information from you to verify the following:

<name, social security number, date of birth and/or address>

What you need to do:

1. Login to the member website at myhealth.bankofamerica.com or the **MyHealth** mobile app
2. Under **Tasks** on your homepage, click **Action required to open your** account
3. Follow the instructions to upload and submit your documents that are required
4. You will receive an online confirmation that the documents uploaded successfully

Access to your HSA account and debit card will be limited until the HSA Identity Verification documents are received. If we cannot verify your identity within 90 days, the account will be closed and all contributions applied, including any employer funds, will be returned.

Below are the acceptable forms of documentation to provide based on the additional information we need from you. You only need to provide one document per item needing verification:

Name

Social Security Card	State Identification
Divorce Decree	Birth Certificate
ITIN Card	Driver's License
Legal Name Change Certificate	Marriage Certificate
U.S. Passport	Current phone/utility bill with current address

Social Security Number

Social Security Card	ITIN Card
Military ID (only if it shows SSN)	

Address

Driver's License	IRA or 401k Statement
Current phone/utility bill with current address	Auto/Home/Health Insurance Statement
State Identification	Mortgage Statement/Rental Lease
Current bank statement with current address	

Date of Birth

Driver's License	U.S. Passport
Birth Certificate	State Identification

If you prefer to mail or fax your documents, complete the attached **Health Savings Account Identity Verification Form**.

Onboarding

Email:

Final Reminder

Identity verification:
missing information —
Day 45

Action Required: [More information needed to open your Health Savings Account](#)

We're glad you've chosen Bank of America for your Health Savings Account (HSA), and are in process of setting up your account. Because verification of identification is required by Section 326 of the USA Patriot Act, we need additional information from you to verify the following:

<name, social security number, date of birth and/or address>

What you need to do:

1. Login to the member website at myhealth.bankofamerica.com or the **MyHealth** mobile app
2. Under **Tasks** on your homepage, click **Action required to open your account**
3. Follow the instructions to upload and submit your documents that are required
4. You will receive an online confirmation that the documents uploaded successfully

If we cannot verify your identity within the next **45 days**, your account will be closed and all contributions applied, including any employer funds, will be returned.

Below are the acceptable forms of documentation to provide based on the additional information we need from you. You only need to provide one document per item needing verification:

Name

Social Security Card	Divorce Decree
ITIN Card	Legal Name Change Certificate
U.S. Passport	State Identification
Birth Certificate	Driver's License
Marriage Certificate	Current phone/utility bill with current address

Social Security Number

Social Security Card	Military ID (only if it shows SSN)
ITIN Card	

Address

Driver's License	Current phone/utility bill with current address
State Identification	Current bank statement with current address
IRA or 401k Statement	Auto/Home/Health Insurance Statement
Mortgage Statement/Rental Lease	

Date of Birth

Driver's License	Birth Certificate
U.S. Passport	State Identification

If you prefer to mail or fax your documents, complete the attached **Health Savings Account Identity Verification Form**.

Onboarding

U.S. Mail: Welcome letter — DCFSA only



C/O Health Account Services
PO Box 2203
Fargo, ND 58108

CHRIS MARTIN
22 BOULDER STREET
HANSON, CT 00000-7253

Important benefits information

Dear Chris Martin:

We're pleased you've enrolled in a Dependent Care Flexible Spending Account (DCFSA)¹ to help you pay for expenses such as childcare, after school and adult care services. Please complete the checklist below to get started.

Login to the member website as a "New User" at myhealth.bankofamerica.com

- Verify your email, mailing address and phone number
- Link your bank account to your DCFSA for quicker reimbursements
- Sign up for automatic recurring dependent care expense reimbursements
- Update your notification preferences to take advantage of our paperless offering

Activate your debit card²

- Your Bank of America Health and Benefit Account Visa® debit card will be coming in the mail soon! Be sure to activate the card and create a PIN so you can start using it right away.

Download the mobile app³

- Manage your account on the go. Get the "MyHealth BofA" mobile app from the App StoreSM or Google PlayTM⁴ today!

Welcome to your new

benefit account

We're here to help you



Customer Care Center:
866.791.0254



Online Chat:
8 a.m. to 7 p.m. Eastern
myhealth.bankofamerica.com

Save your receipts!

The IRS may require you to provide proof that an expense paid with your DCFSA is qualified.⁵ Use the Receipt Organizer on the mobile app to upload and store your receipts so you can access them at any time.

How payments work

Payments from a DCFSA cannot be made until the expense has been incurred. For example, no payments can be made to a childcare provider until after the childcare has actually been provided. If you pay for childcare for the entire month of January on January 1, you will not be able to be reimbursed until after January 31.

Onboarding

U.S. Mail: Welcome letter — Health & Benefit Account only



C/O Health Account Services
PO Box 2203
Fargo, ND 58108

CHRIS MARTIN
22 BOULDER STREET
HANSON, CT 00000-7253

Important benefits information

Dear Chris Martin:

We're pleased your employer has chosen Bank of America to administer your health and benefit account(s)¹. Please complete the checklist below to get started.

Login to the member website as a "New User" at myhealth.bankofamerica.com

- Verify your email, mailing address and phone number
- Link your bank account for quicker reimbursements
- Request a debit card for dependents, age 18 or older
- Update your notification preferences to take advantage of our paperless offering

Activate your debit card²

- Your Bank of America Health and Benefit Account Visa® debit card will be coming in the mail soon! Be sure to activate the card and create a PIN so you can start using it right away.

Download the mobile app³

- Manage your account on the go. Get the "MyHealth BofA" mobile app from the App StoreSM or Google PlayTM⁴ today!

Welcome to your new

benefit account

We're here to help you



Customer Care Center:
866.731.4206



Online Chat:
8 a.m. to 7 p.m. Eastern
myhealth.bankofamerica.com

Save your receipts!

The IRS may require you to provide proof that an expense paid with your health or benefit account is qualified.⁵ Use the Receipt Organizer on the mobile app to upload and store your receipts so you can access them at any time.

Please remember

Amounts in a health or benefit account may not carry over year after year and any unused balance remaining in the account at the end of the plan year may be forfeited.⁶

Onboarding

U.S. Mail: Welcome letter — HSA + Health & Benefit Account only

BANK OF AMERICA 

C/O Health Account Services
PO Box 2203
Fargo, ND 58108

CHRIS MARTIN
22 BOULDER STREET
HANSON, CT 00000-7253

Important benefits information

Dear Chris Martin:

We're pleased your employer has chosen Bank of America to administer your Health Savings Account (HSA)¹ in addition to your other health and benefit account(s). Please complete the checklist below to get started.

Login to the member website as a "New User" at myhealth.bankofamerica.com

- Verify your email, mailing address and phone number
- Link your bank account to your benefit account for quick and easy contributions, distributions and reimbursements
- Set up your HSA Investment Account²
- Designate a beneficiary and add dependents to your HSA
- Request a debit card for dependents, age 18 or older
- Update your notification preferences to take advantage of our paperless offering

Activate your debit card³

- Your Bank of America Health and Benefit Account Visa® debit card will be coming in the mail soon! Be sure to activate the card and create a PIN so you can start using it right away.

Download the mobile app⁴

- Manage your account on the go. Get the "MyHealth BofA" mobile app from the App StoreSM or Google PlayTM ⁵ today!

Please remember

Amounts in your health or benefit account may not carry over year after year and any unused balance remaining in the account at the end of the plan year may be forfeited.⁶

Welcome to your new
**benefit
account**

We're here to help you



Customer Care Center:
866.731.4206



Online Chat:
8 a.m. to 7 p.m. Eastern
myhealth.bankofamerica.com

HSA Interest Rates:*

Balance	Rate	APY
\$25,000.01 and over	0.07%	0.07%
\$10,000.01 to \$25,000	0.07%	0.07%
\$7,500.01 to \$10,000	0.07%	0.07%
\$2,500.01 to \$7,500	0.03%	0.03%
\$2,500 and below	0.01%	0.01%

* The annual percentage yield (APY) is as of 07/01/2020. The interest rate and APY are set by the Bank and may change after the account is opened. Interest is compounded daily and credited to your HSA on the last day of each month, provided your HSA has not been terminated. No minimum balance is required to open an HSA. Interest begins to accrue after the account is opened and the available Cash account balance is greater than \$0.00. Fees may reduce earnings.

Save your receipts!

The IRS may require you to provide proof that an expense paid with your health or benefit account is qualified.⁷ Use the Receipt Organizer on the mobile app to upload and store your receipts so you can access them any time.

Onboarding

U.S. Mail: Welcome letter — HSA only



C/O Health Account Services
PO Box 2203
Fargo, ND 58108

CHRIS MARTIN
22 BOULDER STREET
HANSON, CT 00000-7253

Important benefits information

Dear Chris Martin:

We're pleased your employer has chosen Bank of America to administer your Health Saving Account (HSA)¹. Please complete the checklist below to get started.

Login to the member website as a "New User" at myhealth.bankofamerica.com

- Verify your email, mailing address and phone number
- Link your bank account to your HSA for quick and easy contributions and distributions
- Set up your HSA Investment Account²
- Designate a beneficiary and add dependents
- Request a debit card for dependents, age 18 or older
- Update your notification preferences to take advantage of our paperless offering

Activate your debit card³

- Your Bank of America Health and Benefit Account Visa[®] debit card will be coming in the mail soon! Be sure to activate the card and create a PIN so you can start using it right away.

Download the mobile app⁴

- Manage your HSA on the go by downloading the "MyHealth BofA" mobile app from the App StoreSM or Google PlayTM⁵ today!

Welcome to your new
**benefit
account**

We're here to help you



Customer Care Center:
800.718.6709



Online Chat:
8 a.m. to 7 p.m. Eastern
myhealth.bankofamerica.com

HSA Interest Rates:*

Balance	Rate	APY
\$25,000.01 and over	0.07%	0.07%
\$10,000.01 to \$25,000	0.07%	0.07%
\$7,500.01 to \$10,000	0.07%	0.07%
\$2,500.01 to \$7,500	0.03%	0.03%
\$2,500 and below	0.01%	0.01%

* The annual percentage yield (APY) is as of 07/01/2020. The interest rate and APY are set by the Bank and may change after the account is opened. Interest is compounded daily and credited to your HSA on the last day of each month, provided your HSA has not been terminated. No minimum balance is required to open an HSA. Interest begins to accrue after the account is opened and the available Cash account balance is greater than \$0.00. Fees may reduce earnings.

Save your receipts!

The IRS may require you to provide proof that an expense paid with your HSA is qualified.⁶ Use the Receipt Organizer on the mobile app to upload and store your receipts so you can access them at any time.

Onboarding

Email: [Congratulations on your decision to enroll in an HSA as part of your employer’s benefit plan!](#)

Welcome notification —
HSA

You have made a smart decision by selecting the HSA for Life® and taking the first step toward saving for health care expenses.



This notification will also be posted on the member website.

For easy account management and to help you maximize the benefits of your HSA, please go <https://healthaccounts.bankofamerica.com/getting-started.shtml> and complete the checklist for Getting Started HSA.

Look for your HSA Visa® debit card to arrive in the mail and be sure to activate the card upon receipt so you can begin using it immediately.

And, you can also manage your health care expenses on the go with our mobile app. Download “MyHealth BofA” from the App StoreSM or Google Play.TM

Thank you for being a valued customer. We look forward to serving you.

Email: We’re pleased your employer has chosen Bank of America for your benefit account to help you pay for qualified expenses.

Welcome notification —
Health & Benefit
Account

[ENROLLMENTS]
Plan Year: [PLAN YEAR]

Getting Started



This notification will also be posted on the member website.

For easy account management and to help you maximize the benefits of your account, please go to [Getting started with other benefit accounts](#) to complete the checklist.

Important: Save receipts for your qualified expenses!

Where applicable, the IRS may require validation for purchases made on your Health & Benefit Account so there may be times when you will be asked to provide documentation to confirm your purchase was for a qualified expense. The Receipt Organizer feature on the Mobile App makes it easy for you to store and track all your qualified expenses in one place. Then you can easily access them when you to file a claim or need to provide documentation for a debit card purchase. Plus, you’ll be able to see which receipts have already been used for a previous claim.

Health & Benefit Account Debit Card

You may receive a Visa® debit card to arrive in the mail. Activate the card upon receipt so you can begin using it immediately. Please note: If you are simply re-enrolling in the same benefits, then you can continue using your existing card and nothing new will be mailed to you.

MyHealth Mobile App

You can also manage your qualified expenses on the go with our mobile app. Download “MyHealth BofA” from the App StoreSM or Google Play.TM

Thank you for being a valued customer. We look forward to serving you.

Claims management (online/manual)

Claims management (online/manual)

We will keep in touch throughout the claims process with receipt reminders, payment confirmations and next steps if more information is needed or if a claim is denied.

Email:
Claim submission
confirmation

Confirmation: [Your claim has been submitted](#)

Your recent Health & Benefit Account claim has been successfully submitted for processing. To view your claim status anytime, please visit the member website at myhealth.bankofamerica.com. On the **Accounts tab**, click on **Claims** to find the claim details and current status.

If you need more information on how to submit a claim, we've created step-by-step instructions highlighting the requirements for receipts and other key information required to quickly process your claim. Please login to the member website at myhealth.bankofamerica.com and go to the **Education & Tools** page under the **Tools and Support** tab to find **How do I file a claim**.

Still have a question? Just give us a call. We're here to help 24/7.

Thank you for being a valued customer. We look forward to serving you.

Text:
Claim submission
confirmation

"A claim has been recently filed. Visit the member website for info on receipt submission."

Email:
Denial

Action Required: [Information and actions you need to take for a recently denied claim](#)

A claim recently submitted to your Health & Benefit Account has been denied. Please review the transaction details and the reason for denial by visiting the member website at myhealth.bankofamerica.com. Click on the **Message Center** tab to view the claim denial explanation and any action items required.

If you have the required documentation, resubmit your claim request for review. To easily upload your receipt on the member website, click on **Repayments Outstanding** under the **Tasks Center** and follow the instructions to upload a receipt for this claim. The itemized receipt or EOB statement should indicate:

- name of the provider or merchant
- date of service
- description of service type or product purchased
- dollar amount of the expense

You can resubmit documentation for this denied claim through the end of the plan year or your employers run out period.

If you need more information on next steps, view the [Denied claim](#) article on the Learn Center.

Still have a question? Just give us a call. We're here to help 24/7.

Thank you for being a valued customer. We look forward to serving you.



This notification will also be posted on the member website.

Text:
Denial

"A claim(s) you submitted for payment was denied. Visit the member website for more info."

Claims management (online/manual)

U.S. Mail: Denial

Action Required: Information and actions you need to take for a recently denied claim

<First>,

A claim recently submitted to your health account has been denied. Please review the transaction details and the reason for denial below.

Plan Name:	<PlanName>	Total Claim Amount:	<TotalClaimAmount>
Submission Date:	<DateSubmitted>	Approved Amount:	<TotalClaimAmount>
Date of Service:	<DateofService>	Amount Pending:	<TotalPendingAmount>
Provider/Merchant:	<Provider>	Amount Denied:	<TotalDeniedAmount>
Recipient:	<Recipient>		
Claim Number:	<ClaimNumber>		

Denial Explanation:
<DenialExplanationText>

Action Required:
<DenialActionRequiredText>

If you have the required documentation, resubmit your claim request for review. To easily upload your receipt on the member website, click on Repayments Outstanding under the Tasks Center and follow the instructions to upload a receipt for this claim. The itemized receipt or EOB statement should indicate the date of service, type of service or product purchased, dollar amount, and the claim number. You can resubmit documentation for this denied claim through the end of the plan year or your employers run out period.

If you need more information, view the User Guide on the member website for step-by-step instructions highlighting the requirements for receipts and other key information required to quickly process your claim.

Still have a question? Just give us a call. We're here to help 24/7.

Thank you for being a valued customer. We look forward to serving you.

Claims management (online/manual)

Email:
Denial with
repayment
request



*This notification will
also be posted on the
member website.*

Action Required: Information and actions you need to take for a recently denied claim that requires repayment

A claim recently submitted to your Health & Benefit Account has been denied. Because you were already reimbursed for the claim, repayment of funds to your account is required.

Please review the transaction details and the reason for denial by visiting the member website at myhealth.bankofamerica.com. Click on the **Message Center** tab to view the claim denial explanation and action items required. You can easily repay your account on the member website by clicking **Repayments** within the **Tasks Center**.

If you have the required documentation, resubmit your claim request for review. To easily upload your receipt on the member website, click on **Repayments Outstanding** under the **Tasks Center** and follow the instructions to upload a receipt for this claim. The itemized receipt or EOB statement should indicate:

- name of the provider or merchant
- date of service
- description of service type or product purchased
- dollar amount of the expense

You can resubmit documentation for this denied claim through the end of the plan year or your employers run out period.

If you need more information on next steps, view the [Denied claim](#) article on the Learn Center.

Still have a question? Just give us a call. We're here to help 24/7.

Thank you for being a valued customer. We look forward to serving you.

Text:
Denial with
repayment
request

"Your claim(s) was denied and requires repayment. Visit the member website for more info."

Claims management (online/manual)

U.S. Mail: Denial with repayment request

Action Required: Information and actions you need to take for a recently denied claim that requires repayment

<First>,

A claim recently submitted to your health account has been denied. Please review the transaction details and the reason for denial below. Because you were already reimbursed for the claim, repayment of funds to your account is required.

Plan Name: Submission

Date: Date of Service

Claim Number:	<PlanName>	Total Claim	<TotalClaimAmount>
	<DateSubmitted>	Amount:Approved	<TotalPaidAmount>
	<DateOfService>	Amount:Denied	<DenialAmount>
	<ClaimNumber>	Amount:Repaid	<RepaidAmount>
		Amount:	
		Amount Due:	<RepaymentAmountDue>

Denial Explanation:

<DenialExplanationText>

Action Required:

<DenialActionRequiredText>

You can easily repay your Health & Benefit Account by logging into the member website and clicking **Repayments** within the **Task Center**. If you prefer to send a check, please attach the form below with your repayment.

If you have the required documentation, resubmit your claim request for review. To easily upload your receipt on the member website, click on Repayments Outstanding under the Tasks Center and follow the instructions to upload a receipt for this claim. The itemized receipt or EOB statement should indicate the date of service, type of service or product purchased, dollar amount, and the claim number. You can resubmit documentation for this denied claim through the end of the plan year or your employers run out period.

If you need more information, view the User Guide on the member website for step-by-step instructions highlighting the requirements for receipts and other key information required to quickly process your claim.

Still have a question? Just give us a call. We're here to help 24/7.

Thank you for being a valued customer. We look forward to serving you.

Claims management (online/manual)

Email:
Direct deposit
failure for claim
payment

Important Information: Your electronic payment could not be processed. A check has been mailed to you.

We were unable to deposit your recent Health & Benefit Account payment to your designated bank account via electronic funds transfer. To ensure you receive payment, you will receive a check in the mail in the next 5-7 business days.

To ensure the quickest payment in the future, please visit the member website at myhealth.bankofamerica.com to verify and update your direct deposit banking. To review and edit your account details, click on the **Profile** under the **Accounts** tab and then on **Banking**.

Have a question? Just give us a call. We're here to help 24/7.

Thank you for being a valued customer. We look forward to serving you.

Email:
Online advice of
deposit available
for claim
reimbursement

Confirmation: Your claim reimbursement has been processed

Your recent claim reimbursement request has been processed and will be deposited into your bank account. You can review the Advice of Deposit by visiting the member website at myhealth.bankofamerica.com. Click on the **Message Center** tab to view the deposit details and claims included with the reimbursement.

Have a question? Just give us a call. We're here to help 24/7.

Thank you for being a valued customer. We look forward to serving you.



*This notification will
also be posted on the
member website.*

Email:
Payment issued
for claim
reimbursement

Your claim reimbursement payment has been processed

We recently processed the account claim reimbursement you requested. To view the reimbursement details online, please login to the Member Website at myhealth.bankofamerica.com. Click on the **Account** tab to view account activity and reimbursement details.

Have a question? Just give us a call. We're here to help 24/7.

Thank you for being a valued customer. We look forward to serving you.

Text:
Payment issued
for claim
reimbursement

"[\$XX.XX] [Check will be issued, bank account deposit scheduled or check scheduled] on [MM/DD/YYYY] from your claim reimbursement(s). View details on member website."

Claims management (online/manual)

Email:

Receipt reminder

1–Day 5

Receipt reminder

2–Day 15

Receipt reminder

3–Day 30

Action Required: [A receipt is needed to process your Health & Benefit Account claim](#)

Just a reminder that we need a receipt before we can process the claim you recently submitted for your account. The receipt needs to be submitted within 45 days of the claim date or the claim will be denied.

To view the claim details and upload your receipt:

1. Login to the member website at myhealth.bankofamerica.com
2. Go to the **Tasks Center** and click **receipt needed to approve your claim**
3. Select the **Upload Receipt** link
4. Select the file to upload and click **Submit**
5. **Receipt Status** will change to **Uploaded**

If you prefer to mail or fax your receipts, you can do so by printing a copy of the Receipt Reminder to submit with your receipts. The Receipt Reminder can be found on the **Message Center** tab on the **member website**.

The itemized receipt or EOB statement should indicate:

- name of the provider or merchant
- date of service
- description of service type or product purchased
- dollar amount of the expense

If you need more information about this process, please view the [Substantiating a transaction](#) article on the Learn Center.

Still have a question? Just give us a call. We're here to help 24/7.

Thank you for being a valued customer. We look forward to serving you.



This notification will also be posted on the member website.

Text:

Receipt reminder

1–Day 5

Receipt reminder

2–Day 15

Receipt reminder

3–Day 30

“A receipt is needed to process your claim. Visit the member website for more info.”

Claims management (online/manual)

U.S. Mail: Receipt reminders 1, 2 & 3 (Days 5, 15 & 30)

Action Required: A receipt is needed to process your Health & Benefit Account claim

<First>,

Just a reminder that we need a receipt before we can process the claim you submitted on <DATE> to your health account. The receipt needs to be submitted within 60 days of the claim date or the claim will be denied. Please review the transaction details below and the additional instruction to successfully process your claim.

Submission Date	Claim Number	Plan Name	Date of Service	Claim Amount
xx/xx/xxxx	xxx	Sample Plan	xx/xx/xxxx	\$xx.xx

To view the claim details and upload your receipt:

1. Login to the member website at **myhealth.bankofamerica.com**
2. Go to the **Tasks Center** and click **receipt needed to approve your claim**
3. Select the **Upload Receipt** link
4. Select the file to upload and click **Submit**
5. **Receipt Status** will change to **Uploaded**

Receipts must include the name of the provider or merchant, date and type of service, and the amount of the expense. This information can be found on an itemized provider statement, a detailed receipt or an insurance Explanation of Benefits (EOB).

If you prefer to fax or mail your receipts, **please print a copy of this notice to include with your supporting documents.**

Mail to our office at:

Bank of America
 c/o Health Account Services PO Box 2203
 Fargo, ND 58108
 Fax: 844.590.0919

If you would like more information about submitting a receipt for your claim please login to the member website at **myhealth.bankofamerica.com** and go to the **Tools and Support** tab to find the **User Guide**.

Still have a question? Just give us a call. We're here to help 24/7.

Thank you for being a valued customer. We look forward to serving you.

Claims management (online/manual)

Email: Recurring claim confirmation

Confirmation: Recurring claim added

We're glad you are enjoying the benefits of your Bank of America Health & Benefit Account. We have updated your account to reflect the new recurring claim you requested. You can view your recurring claim details anytime by visiting the member website at myhealth.bankofamerica.com. Click on the **Accounts** tab and then **Claims** for status and payment history.

You can also easily change or cancel your recurring claim anytime by returning the **Recurring Request Form**. Forms can be found online by clicking on **Account Support & Forms** under the **Tools & Support** tab.

Still have a question? Just give us a call. We're here to help 24/7.

Thank you for being a valued customer. We look forward to serving you.

Email: Request for more information

Action required: More information is needed to process your claim

We need more information to process the claim you recently submitted to your Health & Benefit Account. Go to the **Message Center** tab on the member website at myhealth.bankofamerica.com to review the notification and transaction details.

The notification will include an explanation and action items required. Please submit the additional information required within **30 days** of this notice to avoid losing access to your debit card for this account.

To resubmit your documentation online, locate your unpaid claim under the **Expense Summary** on the **Accounts** tab and click on the link to **Upload Receipts**. The itemized receipt or EOB statement should indicate:

- name of the provider or merchant
- date of service
- description of service type or product purchased
- dollar amount of the expense

If you need more information about this process, please view the [Substantiating a transaction](#) article on the Learn Center.

Still have a question? Just give us a call. We're here to help 24/7.

Thank you for being a valued customer. We look forward to serving you.



This notification will also be posted on the member website.

Email: Flexible spending balance remaining

Action Required: Upcoming deadline to spend FSA balance or file a claim

Your Flexible Spending Account plan year will be ending soon so we want to remind you to spend any remaining funds or file any claims for qualified expenses you may have already incurred. It is important for you to take action soon as any unused balances will be forfeited.

To find out the critical dates for your account, visit the Member Website and click on the **Message Center** tab to view the **FSA Final Filing Date** and **Remaining Balance Notification**. Here you will find the deadlines for the last day to incur an expense or file a claim for your plan.

Note: for plans with a final service date of 12/31, you will not be able to use your debit card to pay for expenses after the end of the calendar year. You can however, file a claim up until the Final Filing Date to pay a provider directly from the member website or reimburse yourself for an expense you've paid for out of pocket.

You can learn more about year-end spending rules for FSAs.

We're here to help 24/7. Just give us a call at the number on the back of your debit card.

Debit card activity

Debit card activity

Whenever a Health & Benefit Account debit card is used, your employee will receive confirmation and substantiation reminder notifications.

Email:

1st receipt request —
Day 1



This notification will also be posted on the member website.

Action Required: We need a receipt for your debit card transaction

We're glad you're using your Health & Benefit Account Visa® debit card to pay for your qualified expenses. Before we can process your recent claim, we need you to send us a receipt so we can ensure it meets the requirements for a qualified expense, as defined by your plan rules. The receipt must be received within **60 days** of this notification to prevent a temporary hold from being placed on your account.

To view the claim details and upload your receipt:

1. Login to the member website at myhealth.bankofamerica.com
2. Go to the **Tasks Center** and click **receipt needed to approve your claim**
3. Select the **Upload Receipt** link
4. Select the file to upload and click **Submit**
5. **Receipt Status** will change to **Uploaded**

If you prefer to mail or fax your receipts, you can do so by printing a copy of the Receipt Reminder to submit with your receipts. The Receipt Reminder can be found on the **Message Center** tab on the member website at myhealth.bankofamerica.com.

The itemized receipt or EOB statement should indicate:

- name of the provider or merchant
- date of service
- description of service type or product purchased
- dollar amount of the expense

If you need more information about this process, please view the [Substantiating a transaction](#) article on the Learn Center.

Still have a question? Just give us a call. We're here to help 24/7.

Thank you for being a valued customer. We look forward to serving you.

Text:

1st receipt request —
Day 1

"Go to Member Website to view your [Request Title] for debit card transaction(s)."

Debit card activity

U.S. Mail: 1st receipt request — Day 1

Action Required: We need a receipt for your health account debit card transaction

<First>,

We're glad you're using your health account Visa® debit card to pay for your health care expenses. Before we can process the claim shown below, we need you to send us a receipt so we can ensure it meets the requirements for a qualified expense. The receipt must be received within **60 days** of this notification to prevent a temporary hold from being placed on your account.

Transaction Date	Claim Number	Plan Name	Claim Amount
xx/xx/xxxx	xxx	Sample Plan	\$xx.xx

To view the claim details and upload your receipt:

1. Login to the member website at **samplewebaddress.com**
2. Go to the **Tasks Center** and click **receipt needed to approve your claim**
3. Select the **Upload Receipt** link
4. Select the file to upload and click **Submit**
5. **Receipt Status** will change to **Uploaded**

Receipts must include the name of the provider or merchant, date and type of service, and the amount of the expense. This information can be found on an itemized provider statement, a detailed receipt or an insurance Explanation of Benefits (EOB). If you need more information about submitting a receipt for your claim, please login to the member website at **samplewebaddress.com** and go to the **Tools and Support** tab and find the link to the **User Guide**.

You may also fax or mail this notice along with the supporting documentation to our office at:

Bank of America
 c/o Health Account Services
 PO Box 2203
 Fargo, ND 58108
 Fax: 844.590.0919

If you have already submitted your receipts for this claim, please disregard this notice.

Still have a question? Just give us a call. We're here to help 24/7.

Thank you for being a valued customer. We look forward to serving you.

Debit card activity

Whenever a Health & Benefit Account debit card is used, your employee will receive confirmation and substantiation reminder notifications.

Email:
2nd receipt request —
Day 15



This notification will also be posted on the member website.

Action Required: [We need a receipt for your debit card transaction](#)

We're glad you're using your Health & Benefit Account Visa® debit card to pay for your qualified expenses. Before we can process your recent claim, we need you to send us a receipt so we can ensure it meets the requirements for a qualified expense, as defined by your plan rules. Please submit the receipt within the next **45 days** to prevent a temporary hold from being placed on your account.

To view the claim details and upload your receipt:

1. Login to the member website at myhealth.bankofamerica.com
2. Go to the **Tasks Center** and click **receipt needed to approve your claim**
3. Select the **Upload Receipt** link
4. Select the file to upload and click **Submit**
5. **Receipt Status** will change to **Uploaded**

If you prefer to mail or fax your receipts, you can do so by printing a copy of the Receipt Reminder to submit with your receipts. The Receipt Reminder can be found on the **Message Center** tab on the member website at myhealth.bankofamerica.com.

The itemized receipt or EOB statement should indicate:

- name of the provider or merchant
- date of service
- description of service type or product purchased
- dollar amount of the expense

If you need more information about this process, please view the [Substantiating a transaction](#) article on the Learn Center.

Still have a question? Just give us a call. We're here to help 24/7.

Thank you for being a valued customer. We look forward to serving you.

Text:
2nd receipt request —
Day 15

"Go to Member Website to view your [Request Title] for debit card transaction(s)."

Debit card activity

U.S. Mail: 2nd receipt request — Day 15

2nd Request

Action Required: [We need a receipt for your health account debit card transaction](#)

<First>,

We're glad you're using your health account Visa® debit card to pay for your health care expenses. Before we can process the claim shown below, we need you to send us a receipt so we can ensure it meets the requirements for a qualified expense. Please submit the receipt within the next **45 days** to prevent a temporary hold from being placed on your account.

Transaction Date	Claim Number	Plan Name	Claim Amount
xx/xx/xxxx	xxx	Sample Plan	\$xx.xx

You have additional claims pending that require receipts. Please see the full list by visiting the member portal at myhealth.bankofamerica.com.

To view the claim details and upload your receipt:

1. Login to the member website at samplewebaddress.com
2. Go to the **Tasks Center** and click **receipt needed to approve your claim**
3. Select the **Upload Receipt** link
4. Select the file to upload and click **Submit**
5. **Receipt Status** will change to **Uploaded**

Receipts must include the name of the provider or merchant, date and type of service, and the amount of the expense. This information can be found on an itemized provider statement, a detailed receipt or an insurance Explanation of Benefits (EOB). If you need more information about submitting a receipt for your claim, please login to the member website at samplewebaddress.com and go to the **Tools and Support** tab and find the link to the **User Guide**.

You may also fax or mail this notice along with the supporting documentation to our office at:

Bank of America
c/o Health & Benefit Account Services
PO Box 2203
Fargo, ND 58108
Fax: 844.590.0919

If you have already submitted your receipts for this claim, please disregard this notice.

Still have a question? Just give us a call. We're here to help 24/7.

Thank you for being a valued customer. We look forward to serving you.

Debit card activity

Email: A debit card transaction has been processed for \$XX.XX on MM/DD/YYYY.

Debit card purchase confirmation You can view all your account activity anytime by visiting the member website at myhealth.bankofamerica.com. Click on **Account Activity** under the **Accounts** tab to view or export pending and processed transactions.

Have a question? Just give us a call. We're here to help 24/7.

Thank you for being a valued customer. We look forward to serving you.

Text: "A debit card transaction has been processed for [\$XX.XX] on [MM/DD/YYYY]. Questions? Call number on back of card."

Debit card purchase confirmation

Text: "Go to Member Website to view your [Request Title] for debit card transaction(s)."

Debit card follow up notices

Text: "Your [DEBIT_CARD_DISPLAY_NAME] Purse for [PLAN_NAME] was suspended. Questions? Call number on the back of the card."

Debit card purse suspend

Text: "Your [DEBIT_CARD_DISPLAY_NAME] Purse for [PLAN_NAME] was unsuspended and is now available to use."

Debit card purse unsuspend

Text: "Your [DEBIT_CARD_DISPLAY_NAME] [MASKED_DEBIT_CARD_NUMBER] was suspended. Questions? Call number on the back of the card."

Debit card suspend

Text: "Your [DEBIT_CARD_DISPLAY_NAME] [MASKED_DEBIT_CARD_NUMBER] was unsuspended and is now available to use."

Debit card unsuspend

Debit card activity

Email:
Ineligible notice



This notification will also be posted on the member website.

Action Required: Information and actions you need to take for a recently denied claim that requires repayment

A claim recently submitted to your Health & Benefit Account has been denied. Because you were already reimbursed for the claim, repayment of funds to your account is required within **20 days** of this notice to avoid losing access to your debit card for this account.

Please review the transaction details and the reason for denial by visiting the member website at **myhealth.bankofamerica.com**. Click on the **Message Center** tab to view the claim denial explanation and action items required. You can easily repay your account on the member website by clicking **Repayments** within the **Tasks Center**.

If you have the required documentation, resubmit your claim request for review. To easily upload your receipt on the member website, click on **Repayments Outstanding** under the **Tasks Center** and follow the instructions to upload a receipt for this claim. The itemized receipt or EOB statement should indicate:

- name of the provider or merchant
- date of service
- description of service type or product purchased
- dollar amount of the expense

You can resubmit documentation for this denied claim through the end of the plan year or your employers run out period.

If you need more information on next steps, view the **Denied claim** article on the Learn Center.

Still have a question? Just give us a call. We're here to help 24/7.

Thank you for being a valued customer. We look forward to serving you.

Text:
Ineligible notice

"Go to Member Website to view your [Request Title] for debit card transaction(s)."

Debit card activity

U.S. Mail: Ineligible notice

Action Required: Information and actions you need to take for a recently denied claim that requires repayment

<First>,

A claim recently submitted to your health account has been denied. Please review the transaction details and the reason for denial below. Because you were already reimbursed for the claim, repayment of funds to your health account is required.

Plan Name:	<Plan Name>	Total Claim Amount:	<Claim Amount>
Transaction Date:	<Transaction Date>	Repaid Amount:	<Payment Received>
Claim Number:	<Claim Number>	Amount Due:	<Amount Due>
Denied Amount	<Denial Amount>		

Denial Explanation:
<Ineligible Reason>

Action Required: <Action Required>

You can easily repay your health account by logging into the member website and clicking **Repayments** within the **Task Center**. If you prefer to send a check, please attach the form below with your repayment.

If you have the required documentation, resubmit your claim request for review. To easily upload your receipt on the member website, click on Repayments Outstanding under the Tasks Center and follow the instructions to upload a receipt for this claim. The itemized receipt or EOB statement should indicate the date of service, type of service or product purchased, dollar amount, and the claim number. You can resubmit documentation for this denied claim through the end of the plan year or your employers run out period.

If you need more information, view the User Guide for step-by-step instructions highlighting the requirements for receipts and other key information required to quickly process your claim.

Still have a question? Just give us a call. We're here to help 24/7.

Thank you for being a valued customer. We look forward to serving you.

Debit card activity

Email:
Debit card issued—
product enrollment
change

[A new debit card for your account has been mailed to you](#)

A new debit card is on its way to you because of a recent change to your account(s). To ensure your newly issued card can be activated upon receipt, your current debit card has been suspended. You will receive your new debit card in the mail within 5-7 business days. Please make sure to activate the new debit card immediately so you can continue paying for qualified expenses at the point of purchase.

While awaiting your new debit card, you can use the member website or mobile app to pay a provider directly or pay out of pocket and reimburse yourself for eligible expenses.

You can view your debit card information online anytime. Your new debit card status and effective date can be found under the **Accounts** tab on the **Profile** link by clicking on **Banking/Cards**. Please be sure to contact us immediately if you don't receive your debit card within 5-7 business days.

Thank you for being a valued customer. We look forward to serving you.

Debit card activity

Email:
Overdue receipt
notice — Day 30



*This notification will
also be posted on the
member website.*

Action Required: We need a receipt for your debit card transaction. Please send the receipt within 30 days to ensure a temporary hold is not placed on your debit card account.

This is the third notification letting you know that before we can process your recently submitted claim, we need you to send us a receipt so we can ensure it meets the requirements for a qualified expense, as defined by your plan rules. **A temporary hold will be placed on your debit card if we don't receive the receipt within 30 days.**

Please view the claim details and upload your receipt so you can continue using your Health & Benefit Account debit card without interruption:

1. Login to the member website at myhealth.bankofamerica.com
2. Go to the **Tasks Center** and click **receipt needed to approve your claim**
3. Select the **Upload Receipt** link
4. Select the file to upload and click **Submit**
5. **Receipt Status** will change to **Uploaded**

If you prefer to mail or fax your receipts, you can do so by printing a copy of the Receipt Reminder Notification and submit with your receipts. Click on the **Message Center** tab on the member website to find the Receipt Reminder.

The itemized receipt or EOB statement should indicate:

- name of the provider or merchant
- date of service
- description of service type or product purchased
- dollar amount of the expense

If you need more information about this process, please view the [Substantiating a transaction](#) article on the Learn Center.

Still have a question? Just give us a call. We're here to help 24/7.

Thank you for being a valued customer. We look forward to serving you.

Text:
Overdue receipt
notice — Day 30

"Go to Member Website to view your [Request Title] for debit card transaction(s)."

Debit card activity

U.S. Mail: Overdue receipt notice — Day 30

Final Request

Action Required: We need a receipt for your health account debit card transaction. Please send the receipt within 30 days to ensure a temporary hold is not placed on your debit card account.

<First>,

This is the third notification letting you know that before we can process the claim shown below, we need you to send us a receipt so we can ensure it meets the requirements for a qualified expense. A temporary hold will be placed on your debit card if we don't receive the receipt within 30 days. Please read the directions below so you can continue using your health account debit card without interruption.

Transaction Date	Claim Number	Plan Name	Claim Amount
xx/xx/xxxx	xxx	Sample Plan	\$xx.xx

To view the claim details and upload your receipt:

1. Login to the member website at **samplewebaddress.com**
2. Go to the **Tasks Center** and click **receipt needed to approve your claim**
3. Select the **Upload Receipt** link
4. Select the file to upload and click **Submit**
5. **Receipt Status** will change to **Uploaded**

Receipts must include the name of the provider or merchant, date and type of service, and the amount of the expense. This information can be found on an itemized provider statement, a detailed receipt or an insurance Explanation of Benefits (EOB). If you need more information about submitting a receipt for your claim, please login to the member website at **samplewebaddress.com** and go to the **Tools and Support** tab and find the link to the **User Guide**.

If you prefer to fax or mail your receipts, please **print a copy of this notice to include with your supporting documents**. Mail to our office at:

Bank of America
 c/o Health Account Services
 PO Box 2203
 Fargo, ND 58108
 Fax: 844.590.0919

If you have already submitted your receipts for this claim, please disregard this notice.

Still have a question? Just give us a call. We're here to help 24/7.

Thank you for being a valued customer. We look forward to serving you.

Debit card activity

Email:
Request for more
information



*This notification will
also be posted on the
member website.*

Action Required: [More information is needed to process your claim](#)

We need more information to process the claim you recently submitted to your Health & Benefit Account. Go to the **Message Center** tab on the member website at myhealth.bankofamerica.com to review the notification and transaction details.

The notification will include an explanation and action items required. Please submit the additional information required within **30 days** of this notice to avoid losing access to your debit card for this account.

To resubmit your documentation online, locate your unpaid claim on the **Expense Summary** page under the **Accounts** tab and click on the item to **Upload Receipts**. The itemized receipt or EOB statement should indicate:

- name of the provider or merchant
- date of service
- description of service type or product purchased
- dollar amount of the expense

If you need more information about this process, please view the [Substantiating a transaction](#) article on the Learn Center.

Still have a question? Just give us a call. We're here to help 24/7.

Thank you for being a valued customer. We look forward to serving you.

Text:
Request for more
information

“Go to Member Website to view your [Request Title] for debit card transaction(s).”

Debit card activity

U.S. Mail: Request for more information

Action Required: More information is needed to process your health account claim

<First>,

We need more information to process the claim you recently submitted to your health account. Please review the transaction details and the additional information needed below. Please submit the additional information required within 30 days of this notice to avoid losing access to your debit card for this account.

Claim Number:	<Claim Number>	Claim Amount:	<Claim Amount>
Plan Name:	<Plan Name>	Repaid Amount:	<Payment Received>
Transaction Date:	<Transaction Date>	Amount Pending:	<Amount Due>
Merchant:	<Merchant>	Eligible Amount:	<Eligible Amount>
		Documentation Required:	<Documentation Required>

Information needed:

<Reason>: <Description>.

To resubmit your documentation online, locate your unpaid claim on the Expense Summary page under the Accounts tab and click on the item to Upload Receipts. The itemized receipt or EOB statement should indicate:

- name of the provider or merchant
- date of service
- description of service type or product purchased
- dollar amount of the expense

If you need more information on how to submit a claim, we've created step-by-step instructions highlighting the requirements for receipts, how to submit claim documentation and other key information required to quickly process your claim. Please login to the member website at **samplewebaddress.com** and view the **HSA User Guide** under the go to the **Education and Tools** tab.

Still have a question? Just give us a call. We're here to help 24/7.

Thank you for being a valued customer. We look forward to serving you.



Investments

Investments

For HSAs with investments, confirmations are sent to employees any time an investment buy, sell, or realign is processed.

Email:
Eligible for
investments

[Maximize your HSA's potential by taking advantage of the investment option](#)

Great News! You have reached the minimum investment threshold in your Health Savings Account and are now eligible to invest some of your dollars in mutual funds within your HSA. You can choose from a range of mutual funds to help you maximize the long term growth of your account.¹

It's easy to get started:

1. On the homepage of the member website, choose **Manage Investments**
2. Select **Investment Account Setup**
3. Select **Yes** for **Would you like auto-investment transfers on?**
4. Designate your investment transfer threshold amount and click **Save and Next**
5. Now choose your election percentages and select your funds for investment and click **Submit**

For more detailed instructions, view the [Setting up your investment account](#) article on the Learn Center to help you get started with investments.

Still have a question? Just give us a call. We're here to help 24/7.

Thank you for being a valued customer. We look forward to serving you.

¹ Investing in mutual funds involves risk, including the potential loss of the principal amount invested.

Investments

Email:
Investment trade
confirmation

[Confirmation: HSA Investment Transactions](#)

Your recent HSA investment transactions are complete. To view the confirmations online, please login to the member portal at myhealth.bankofamerica.com and click on **Transaction Details** under the **Accounts tab**.

If you need more information on managing your investments, you can review the [Managing your Investments](#) article on the Learn Center to help you get started with investments.

Still have a question? Just give us a call. We're here to help 24/7.

Thank you for being a valued customer. We look forward to serving you.

Investments

U.S. Mail: Investment trade confirmation

[Confirmation: HSA Investment Transactions](#)

Your recent HSA investment transactions are complete. To view the confirmations online, please login to the member portal at myhealth.bankofamerica.com and click on **Transaction Details** under the **Accounts tab**. If you need more information on managing your investments, you can review the [Managing your Investments](#) article in the Learn Center.

Still have a question? Just give us a call. We're here to help 24/7.

Thank you for being a valued customer. We look forward to serving you.

HSA contributions & distributions

HSA contributions & distributions

We will help monitor annual HSA contribution limits and send notifications if an issue is detected. We'll also send a confirmation when HSA distributions are processed.

Email:
ACH reject for
HSA contribution

Important Information: The HSA contribution you requested could not be processed

Your recent request to transfer funds electronically to your Health Savings Account (HSA) could not be processed. Your account will be updated to reflect the reversal in contribution amount as a result of this.

If you feel there was an error, please visit our member website at myhealth.bankofamerica.com and resubmit your request or contact your banking institution. You can also download a **HSA Contribution Form** and mail a check for deposit into your HSA. The deposit forms can be found online under the **Account Support & Forms** page of the **Tools & Support** tab.

Have a question? Just give us a call. We're here to help 24/7.

Thank you for being a valued customer. We look forward to serving you.

Email:
Check reject for
HSA contribution

Important Information: Your HSA contribution check has been returned

The check for your recent Health Savings Account (HSA) contribution was returned by your bank and could not be processed. Your account will be updated to reflect the reversal in contribution amount as a result. You can visit the member website at myhealth.bankofamerica.com to review your recent contribution transaction history.

If you feel there was an error, you may want to contact your banking institution then you can resubmit a new contribution deposit form and check.

You may want to take advantage of our electronic contribution options. It's so easy. Simply login to the member website myhealth.bankofamerica.com and click on the **Banking** link under **Profile** on the **Accounts** tab. You have the choice to set up a one-time contribution or to schedule recurring contributions.

Still have a question? Just give us a call. We're here to help 24/7.

Thank you for being a valued customer. We look forward to serving you.

Email:
Excess contribution
notice

Important Information: Your HSA contributions may have exceeded the annual limit

We're glad you are enjoying the benefits of your Bank of America Health Savings Account (HSA). We're letting you know that you may have contributed in excess of the <<plan year>> annual HSA contribution limit. For more information, please refer to the **Annual Contribution Limits** for Health Savings Accounts.

We recommend speaking with your tax advisor to confirm if you made an excess contribution to your HSA based upon your individual situation. If you determine that an excess contribution has been made to your account, follow the instructions below to have those monies returned to you:

1. Go to myhealth.bankofamerica.com under the **Account Support & Forms** page of the **Tools & Support** tab to download the **HSA Distribution Request Form**.
2. Complete all sections of the form, checking the box for **Excess Contribution Removal** in Step 2a.
3. Be sure to include the **date** that the excess contribution occurred and we will calculate any applicable earnings adjustments.
4. Send the signed HSA Distribution Request Form to Bank of America. The mailing address and fax number are provided on the form.

If you send HSA contributions through your employer, contact them so they can stop additional HSA contributions through payroll deductions.

Still have a question? Just give us a call. We're here to help 24/7.

Thank you for being a valued customer. We look forward to serving you.

HSA contributions & distributions

U.S. Mail: Excess contribution return notice



This notification will also be posted on the member website.

We hope you are enjoying the benefits of your Health Savings Account (HSA). It has come to our attention that you have over-contributed to your Health Savings Account in the amount of \$xx.xx, with an excess contribution made on xx/xx/xxxx. The earnings on your excess contribution is \$xx.xx. A payment for \$xx.xx is in the process of being refunded from your Health Savings Account in order to return this excess contribution with earnings. The refund payment will be processed and returned to <<your employer OR you based on the payment instructions we have on file>>. Please refer to your HSA Account Disclosure Statement for information on HSA statutory limitations on contributions.

Still have a question? Just give us a call. We're here to help 24/7.

Thank you for being a valued customer. We look forward to serving you.

HSA contributions & distributions

Email:
HSA contribution
maximum warning
notification

*Participants must "opt-in"
for this notification.*

This email is to notify you that your <<Plan Year>> year-to-date HSA contributions are \$xx.xx from the IRS annual maximum. You may view the details by visiting myhealth.bankofamerica.com.

Text:
HSA contribution
maximum warning
notification

"Your [YYYY] tax year-to-date HSA contributions are [\$XX.XX] from the IRS annual maximum. View details on the member website."

Email:
HSA advise of deposit

Confirmation: Your HSA distribution has been processed

Your recent Health Savings Account (HSA) distribution request has been processed and will be deposited into your bank account. You can review the Advice of Deposit by visiting the member website at myhealth.bankofamerica.com. Click on **Statements** under the **Accounts** tab to view the deposit details and transactions included with the distribution.

Have a question? Just give us a call. We're here to help 24/7.

Thank you for being a valued customer. We look forward to serving you.

Email:
HSA payment issued

Your HSA Distribution has been processed

The Health Savings Account distribution you recently requested has been processed. To view your HSA distribution details online, please login to the Member Website at myhealth.bankofamerica.com. Click on **Payments** under the **Accounts** tab to see the distribution date, amount and method of payment.

Have a question? Just give us a call. We're here to help 24/7.

Thank you for being a valued customer. We look forward to serving you

Text:
HSA distribution
payment issued

"[\$XX.XX] [Check will be issued, bank account deposit scheduled or check scheduled] on [MM/DD/YYYY] from your claim reimbursement(s). View details on member website."

Email:
HSA recurring
contribution
cancelled

Confirmation: HSA Recurring Contribution Cancelled

Your recurring contribution set up for your Health Savings Account has been cancelled. You can easily review details and confirm your recurring contribution has been cancelled by visiting the member website at myhealth.bankofamerica.com. Click on the **Account Summary** page under the **Accounts** tab for the **Scheduled Transactions** account details.

Have a question? Just give us a call. We're here to help 24/7.

Thank you for being a valued customer. We look forward to serving you.

HSA contributions & distributions

Email:
HSA recurring
contribution created

Confirmation: Recurring Contribution Added to your HSA

We're glad you are enjoying the benefits of your Bank of America Health Savings Account (HSA). We have updated your account to reflect the new recurring contribution amount you requested. You can view your recurring contribution details by visiting the member website at myhealth.bankofamerica.com. Click on the **Account Summary** page under the **Accounts** tab for the **Scheduled Transactions** account details.

You can also easily change or cancel your recurring contribution anytime online under **Scheduled Transactions**.

Still have a question? Just give us a call. We're here to help 24/7.

Thank you for being a valued customer. We look forward to serving you.

Email:
HSA recurring
contribution updated

Confirmation: The Recurring Contribution for your HSA has been updated

We're glad you are enjoying the benefits of your Bank of America Health Savings Account (HSA). We have updated your account to reflect the recurring contribution changes you requested. You can view the recurring contribution details for your account by visiting the member website at myhealth.bankofamerica.com. Click on the **Account Summary** page under the **Accounts** tab and then **Scheduled Transactions** to view your contribution set-up.

Have a question? Just give us a call. We're here to help 24/7.

Thank you for being a valued customer. We look forward to serving you.

Email:
Online advice of
deposit available
for HSA distribution

Confirmation: Your HSA distribution has been processed

Your recent Health Savings Account (HSA) distribution request has been processed and will be deposited into your bank account. You can review the Advice of Deposit by visiting the member website at myhealth.bankofamerica.com. Click on the **Message Center** tab to view the Advice of Deposit details and transactions included with the distribution.

Have a question? Just give us a call. We're here to help 24/7.

Thank you for being a valued customer. We look forward to serving you.



*This notification will
also be posted on the
member website.*

Email:
Over contribution
notice

Important Information: Your HSA contributions have exceeded the annual limit, and a refund will be processed from your account

We're glad you are enjoying the benefits of your Bank of America Health Savings Account (HSA). We're letting you know that you have over-contributed to your [TAX_YEAR] HSA based on the IRS maximum annual contribution limits. For more information, please refer to the **Annual Contribution Limits** for Health Savings Accounts.

To ensure your HSA remains in good standing, we will be returning the portion of your contribution that put your account over the limit. We will process this refund within the next few business days either through your employer (if applicable) or directly to you based on payment instructions we have on file.

If you send HSA contributions through your employer, contact them so they can stop additional HSA contributions through payroll deductions.

Have a question? Just give us a call. We're here to help 24/7.

Thank you for being a valued customer. We look forward to serving you.

The background features several overlapping, semi-transparent light gray geometric shapes, primarily triangles and trapezoids, arranged in a dynamic, non-repeating pattern. The shapes are oriented in various directions, creating a sense of movement and depth. The overall color palette is minimalist, consisting of white and various shades of light gray.

Statements & tax documents

Statements & tax documents

Each quarter, your employees will receive account statements. If they have an HSA, then on an annual basis we'll send them the appropriate tax documents for filing their state and federal income taxes.

Email:

Health & Benefit
Account statement
available

[The quarterly statement for your Health & Benefit Account is now available](#)

The quarterly statement for your account is now available online. You can view, download, and print this statement at myhealth.bankofamerica.com by clicking on the **Message Center** tab.

Have a question? Just give us a call. We're here to help 24/7.

Thank you for being a valued customer. We look forward to serving you.

Email:

HSA account summary
statement available

[The quarterly statement for your HSA is now available](#)

The quarterly statement for your Health Savings Account is now available online. You can view, download, and print this statement at myhealth.bankofamerica.com by clicking on the **Message Center** tab.

Have a question? Just give us a call. We're here to help 24/7.

Thank you for being a valued customer. We look forward to serving you.

Text:

HSA account summary
statement available

"The latest HSA Account Summary report is available. Visit the member website to view the report."

Email:

HSA tax document
available

[Your HSA Tax Document is ready](#)

A new tax document for your Health Savings Account is now available online. You can view, download, and print this document at myhealth.bankofamerica.com by clicking on the **Message Center** tab. In addition, the tax document will be mailed to your address on file.

Your HSA offers significant tax benefits and requires certain IRS reporting. Below are easy reminders about tax documents, forms and other tax information you should know:

- **Form 1099-SA** is mailed by January 31st to report total distributions from your HSA for the previous tax year. You are required to include this information for tax reporting. If you did not use any HSA funds, you will not receive Form 1099-SA.
- **Form 5498-SA** is mailed in May of each year and reports your contributions and/or rollovers for your HSA from the previous tax year. Contribution can be made for the previous tax year up until the tax filing deadline (typically April 15th). You do not need Form 5498-SA to file your income tax return, but you should confirm the contribution amount and keep this form for your records.
- If a correction is needed for the Form 1099-SA or 5498-SA, it will be mailed 3-5 business days after the request has been processed.

If you need more information about filing requirements, visit the [HSA tax documents](#) article on the Learn Center.

Still have a question? Just give us a call. We're here to help 24/7.

Thank you for being a valued customer. We look forward to serving you.

Text:

HSA tax document
available

"Your HSA [Tax Document] tax document is available. Visit the member website to view and download."

Security updates

Security updates

Any time an employee updates their account profile, we send a confirmation of the changes made.

Email:
Account locked

Your account has recently been locked after unsuccessfully attempting to answer your security question(s). If you did not attempt to login, please contact Bank of America using the contact information below.

It's easy to unlock your account by clicking on the web address below and completing the three step process. The web address to unlock your account will expire in one hour.

<Temporary URL>

Email:
Account username
reset request — system
identifies account

Your accounts email address is associated with this username:

<Username>

To login, visit the link below. If clicking the link below does not work, copy and paste the URL in a new browser window instead.

myhealth.bankofamerica.com

If you did not initiate this request, you should contact your administrator as soon as possible.

Email:
Account username
reset request — system
does not identify
account

This email address was used to initiate a username or password recovery on **myhealth.bankofamerica.com**.

Unfortunately, no account was found for the information you provided. Please make sure the provided information is correct or contact your administrator.

If you did not initiate a username or password recovery, please contact your administrator as soon as possible. If you are not a member of **myhealth.bankofamerica.com** this email can be ignored.

Note: Participant will receive an unbranded email.

This is a system generated email. Please do not reply to this email address.

Security updates

Email: Your account's email address is associated with the following usernames:

Account username
reset request — system
identifies multiple
usernames

BLACKR.31016
cmartin4444
LIIMP3RSA1
Wertenberger9

Note: Participant may receive an unbranded email.

To log in, visit the link below. If clicking the link below does not work, copy and paste the URL in a new browser window instead.

myhealth.bankofamerica.com

If you did not initiate the request, please contact your administrator as soon as possible.

Email: Your account's email address is associated with the following usernames below. However, these accounts are listed as terminated. Some actions, like enrolling in a plan, aren't available in consumer portal. If you have any questions, please contact your administrator.

Account username
reset request — system
identifies multiple
terminated usernames

jsmith9456
jsmith9999

Note: Participant may receive an unbranded email.

To log in, visit the link below. If clicking the link below does not work, copy and paste the URL in a new browser window instead.

myhealth.bankofamerica.com

If you did not initiate the request, please contact your administrator as soon as possible.

Email: [Action Required: Confirm your direct deposit bank account update](#)

Bank account
activation

We received your request to add or update the bank account linked to your Health & Benefit Account. Once your bank account is activated, you can begin using it with your account.

Here's how to verify and activate the new account:

1. Look for a small amount to be deposited into your account within the next three business days
2. Once you receive the deposit, login to the member website at **myhealth.bankofamerica.com**
3. Under the **Tasks Center** on your homepage, click **One of more bank accounts require activation**
4. Follow the instructions to confirm the deposit amount

If you need more information, view the [Link your bank account](#) article to learn more about updating the banking records linked to your account.

Still have a question? Just give us a call. We're here to help 24/7.

Thank you for being a valued customer. We look forward to serving you.

Security updates

Email:
Password reset —
account is locked

You recently requested your password be reset. Unfortunately, your account is currently locked and the password cannot be reset at this time. Please contact your administrator for assistance in unlocking your account.

Email:
Password reset —
new password

You recently requested that your password be reset. Your temporary password is:

<Temporary Password>

You will be prompted to reset your password the next time you login. Login now at **myhealth.bankofamerica.com** to reset your password.

Email:
Password reset
request — system
identifies account

You recently requested your password be reset. To confirm your request and continue with the password reset process, please follow the link below. If clicking the link below does not work, copy and paste the URL in a new browser window instead.

<Temporary URL>

If you didn't initiate the request, you don't need to take any further action and can safely disregard this email.

Email:
Password reset
request — system does
not identify account

This email was used to initiate a username or password recovery on **myhealth.bankofamerica.com**.

Unfortunately, no account was found for the information you provided. Please make sure the provided information is correct or contact your administrator.

If you did not initiate a username or password recovery, please contact your administrator as soon as possible. If you are not a member of **myhealth.bankofamerica.com** this email can be ignored.

Note: Participant will receive an unbranded email.

This is a system generated email. Please do not reply to this email address.

Security updates

Email:

Red flag notification:

- Direct deposit
- User ID
- Password update
- Address update



This notification will also be posted on the member website.

Confirmation: Your Health & Benefit Account information has been updated

As requested, we have updated the following information for your account:

- <User Name>
- <Password>
- <Address>
- <Bank Account Information>

You can review your account profile information on the Member Website at myhealth.bankofamerica.com on the **Profile** page of the **Accounts** tab.

If you did not request a change to your account, please notify us immediately at the contact information below.

Have a question? Just give us a call. We're here to help 24/7.

Thank you for being a valued customer. We look forward to serving you.

Email:

Red flag notification—
email address
updates



This notification will also be posted on the member website.

Confirmation: Your email address has been updated

As requested, we have updated the email address linked to your Health & Benefit Account. You can review your account profile information on the member website at myhealth.bankofamerica.com on the **Profile** page of the **Accounts** tab.

If you did not request a change to the email address for your account, please notify us immediately at the contact information below.

Have a question? Just give us a call. We're here to help 24/7.

Thank you for being a valued customer. We look forward to serving you.

Account status changes & closures

Account status changes & closures

Email: Zero balance reminder 1 — Month 6

Your Health Savings Account (HSA) with Bank of America is a great way to help you plan for health care expenses now and in the future, including retirement. Your account has been inactive for a period of time so we wanted to remind you of the unique tax advantages an HSA offers to help you keep more of your hard-earned money:

Tax-free contributions: Money you put into your HSA is not subject to Federal income tax—and is also exempt from income tax in most states as well.

Tax-free gains: Any interest or earnings from your HSA is tax-free, boosting the amount of money you have to cover your out-of-pocket medical costs.

Tax-free withdrawals: You won't pay taxes on money you withdraw from your HSA for qualified medical expenses.

As this is a tax advantaged account, the government limits how much you can contribute each year. Review the **contribution limits** to see how much you are eligible to contribute.

If you are still participating in a High Deductible Health Care Plan (HDHP), there is no better time to make a contribution to your account so you're prepared to cover healthcare costs when the need arises.

For more detailed instructions on how to make a contribution, review the [HSA Contributions](#) article on the Learn Center. If your HSA is sponsored by your employer, you may also contact them to begin making your pre-tax contributions through payroll deductions.

Have a question? Just give us a call. We're here to help 24/7.

Thank you for being a valued customer. We look forward to serving you.

Email: Zero balance reminder 2 — Month 13

Your Bank of America Health Savings Account (HSA) has been inactive for a period of time so we just wanted to remind you about the key benefits your HSA provides:

- **Allows you to take control of your health care spending** by contributing funds on a pre-tax basis to save for current and future healthcare expenses.
- **The HSA for Life** Whether you change health plans, leave your company or retire, the funds are yours for life to spend on eligible healthcare needs now and in the future.
- **No "use it or lose it" rules** Any unused balance carries over from one year to the next.
- **Triple Tax Savings** Your contributions are not taxed, interest on HSA balances is tax-free, and funds withdrawn to pay for qualified health care expenses are not taxed.
- **Visit the Learn Center** to discover more about your account features and benefits.

If you are still participating in a High Deductible Health Care Plan there is no better time to make a contribution to your account so you're prepared to cover the cost of healthcare when you need it.

Here's how to make a direct contribution:

1. Login to the member website at myhealth.bankofamerica.com
2. Select Contribute to **HSA** from the homepage
3. Follow the online instructions for making a contribution
4. Once completed, the pending balance for your account will be updated immediately

If your HSA is sponsored by your employer, you may also contact them to begin making your pre-tax contributions through payroll deductions.

As this is a tax advantaged account, the government limits how much you can contribute each year. Review the **contribution limits** to see how much you are eligible to contribute.

Have a question? Just give us a call. We're here to help 24/7.

Thank you for being a valued customer. We look forward to serving you.

Account status changes & closures

Email:

Zero balance
reminder 3 —
Month 16

ACTION REQUIRED: IMPORTANT HEALTH SAVINGS ACCOUNT INFORMATION

Your Health Savings Account (HSA) with Bank of America has been inactive for an extended period of time and as a result is subject to being closed. If you are still participating in a High Deductible Health Care Plan (HDHP), there is no better time to make a contribution to your account so you're prepared to cover healthcare costs when you need it.

If you would like to keep your HSA open, **please make a contribution to your account within the next 30 days.**

Here's how:

1. Login to the member website at myhealth.bankofamerica.com
2. Select **Make HSA Transaction** from the homepage
3. Follow the online instructions for making a contribution
4. Once completed, the pending balance for your account will be updated immediately

For more detailed instructions on how to make a contribution, review the [HSA Contributions](#) article on the Learn Center.

If you do not take any action within 30 days, your HSA will be closed and you will receive an account closure confirmation letter.

Have a question? Just give us a call. We're here to help 24/7.

Thank you for being a valued customer. We look forward to serving you.

Account status changes & closures

U.S. Mail: Deceased notification: zero balance



C/O Health Account Services
PO Box 2203
Fargo, ND 58108

BENEFICIARY FIRST LAST OR INDIVIDUAL PROVIDING NOTICE
1234 MAIN STREET
ANY TOWN MN 55344

Zero Funds Acknowledgement

DATE

Health Savings Account ending in (last 4 digits)

To Whom It May Concern:

We received notice that the Account Holder Name, a consumer owning a Health Savings Account with Bank of America has passed away. Please accept our sincere condolences.

At this time, we do not have the death certificate, which is required to close the account. Upon receipt of the death certificate we will proceed with the account closure.

You can Fax or mail a legible photocopy; however depending on the circumstances we may require a certified copy of the death certificate when:

- The document has obvious evidence of erasures, alterations, obliterations or staple holes that obscure any portion of the document.
- There are inconsistencies in typeface or font size or handwritten entry or correction of information.

Please send the death certificate along with a copy of this letter to:

Bank of America
c/o Health Account Services
PO Box 2203
Fargo, ND 58108
Fax: 844.590.0919

If you have any questions regarding this notice, please contact our Customer Care Center.

Customer Care
Health Benefit Solutions
800.718.6710
myhealth.bankofamerica.com

Account status changes & closures

U.S. Mail: Deceased notification: non-receipt of required documentation (beneficiary on file)



C/O Health Account Services
 PO Box 2203
 Fargo, ND 58108

Acknowledgement Letter (NEW) – Bene on File

BENEFICIARY FIRST LAST
 1234 MAIN STREET
 ANY TOWN MN 55344

DATE

Health Savings Account ending in (last 4 digits)

To whom this may concern:

We received notice that Account Holder Name, a consumer owning a Health Savings Account with Bank of America, has passed away. Please accept our sincere condolences.

Our desire is to efficiently expedite account closure and the distribution of funds currently in [First Name]’s Health Savings Account to his/her beneficiaries. To distribute funds we require the following:

<input type="checkbox"/>	HSA Beneficiary Account Distribution Form
<input type="checkbox"/>	Death Certificate
<input type="checkbox"/>	If the deceased was a resident of New Jersey, State Inheritance Tax form and/or waiver documentation is required. See NJ Information Sheet.
<input type="checkbox"/>	If the designated beneficiary is a minor, Bank of America will require a letter from the surviving parent /guardian along with a copy the birth certificate of the minor.

We will proceed with the disbursement of the account balance, upon receipt of all required document(s).

You can fax or mail a legible photocopy; however, depending on the circumstances we may require a certified copy of the death certificate when:

The document has obvious evidence of erasures, alterations, obliterations or staple holes that obscure any portion of the document.

There are inconsistencies in typeface or font size or handwritten entry or correction of information.

Account status changes & closures

Please send the required legal document(s) along with the death certificate and a copy of this letter to:

Bank of America
c/o Health Account Services
PO Box 2203
Fargo, ND 58108

Fax: 844.590.0919

If you have any questions regarding the distribution or this notice, please contact our Customer Care Center.

Customer Care
Health Benefit Solutions
800.718.6710
myhealth.bankofamerica.com

Account status changes & closures

U.S. Mail: Deceased notification: non-receipt of required documentation (non-beneficiary on file)



C/O Health Account Services
 PO Box 2203
 Fargo, ND 58108

Acknowledgement Letter

FIRST LAST OF INDIVIDUAL PROVIDING NOTIFICATION
 1234 MAIN STREET
 ANY TOWN MN 55344

DATE

Health Savings Account ending in (last 4 digits)

To whom this may concern:

We received notice that Account Holder Name, a consumer owning a Health Savings Account with Bank of America, has passed away. Please accept our sincere condolences.

Our desire is to efficiently expedite account closure and the distribution of funds currently in [First Name]'s Health Savings Account to his/her beneficiaries. To distribute funds we require the following:

<input type="checkbox"/>	HSA Beneficiary Account Distribution Form
<input type="checkbox"/>	Death Certificate
<input type="checkbox"/>	<p>One of the following estate documents:</p> <ul style="list-style-type: none"> • Letter Testamentary • Letter of Administration • Letter of Appointment of Executor <p>Or</p> <ul style="list-style-type: none"> • Small Estate Affidavit (<i>if an estate has not been established</i>) <p><i>Please note the Employer Identification Number (EIN) for the estate is also required.</i></p>
<input type="checkbox"/>	If the deceased was a resident of New Jersey, evidence is required showing the NJ State inheritance tax forms and/or waivers have been filed. See NJ Information Sheet.
<input type="checkbox"/>	If the designated beneficiary is a minor, Bank of America will require a letter from the surviving parent /guardian along with a copy of the birth certificate of the minor.

We will proceed with the disbursement of the account balance, upon receipt of all required document(s).

Account status changes & closures

You can Fax or mail a legible photocopy; however, depending on the circumstances we may require a certified copy of the death certificate when:

- The document has obvious evidence of erasures, alterations, obliterations or staple holes that obscure any portion of the document.
- There are inconsistencies in typeface or font size or handwritten entry or correction of information.

Please send the required legal document(s) along with the death certificate and a copy of this letter to:

Bank of America
c/o Health Account Services
PO Box 2203
Fargo, ND 58108

Fax: 844.590.0919

If you have any questions regarding the distribution or this notice, please contact our Customer Care Center.

Customer Care
Health Benefit Solutions
800.718.6710
myhealth.bankofamerica.com

Account status changes & closures

U.S. Mail: Deceased notification: partial receipt of required documentation (beneficiary on file)



C/O Health Account Services
PO Box 2203
Fargo, ND 58108

Partial Receipt – Bene on File

BENEFICIARY FIRST LAST
1234 MAIN STREET
ANY TOWN MN 55344

Date

Health Savings Account ending in (last 4 digits)

To whom this may concern:

We received notice that Account Holder Name, a consumer owning a Health Savings Account with Bank of America, has passed away. Please accept our sincere condolences.

At this time we have received only a portion of the documentation required. Please respond to this letter at your earliest convenience in an effort to move forward with distribution of the remaining account balance.

To distribute funds and close the account we require the following:

<input type="checkbox"/>	HSA Beneficiary Account Distribution Form
<input type="checkbox"/>	Death Certificate
<input type="checkbox"/>	If the deceased was a resident of New Jersey, State Inheritance Tax form and/or waiver documentation is required. See NJ Information Sheet.
<input type="checkbox"/>	If the designated beneficiary is a minor, Bank of America will require a letter from the surviving parent /guardian along with a copy of the birth certificate of the minor.

An HSA Beneficiary Account Distribution Form is included with this letter. To avoid delay, please send the required documentation along with a copy of this letter to the address listed below:

Bank of America
c/o Health Account Services
PO Box 2203
Fargo, ND 58108

Fax: 844.590.0919

Upon receipt of legal valid documents, we will proceed with the disbursement of the account balance and closure of the account.

If you have any questions regarding the distribution or this notice, please contact our Customer Care Center.

Customer Care
Health Benefit Solutions
800.718.6710
myhealth.bankofamerica.com

Account status changes & closures

U.S. Mail: Deceased notification: partial receipt of required documentation (non-beneficiary on file)



C/O Health Account Services
 PO Box 2203
 Fargo, ND 58108

Partial Receipt – No Bene on File

FIRST LAST OF INDIVIDUAL PROVIDING NOTIFICATION
 1234 MAIN STREET
 ANY TOWN MN 55344

Date

Health Savings Account ending in (last 4 digits)

To whom this may concern:

We received notice that Account Holder Name, a consumer owning a Health Savings Account with Bank of America, has passed away. Please accept our sincere condolences.

At this time we have received only a portion of the documentation required. Please respond to this letter at your earliest convenience in an effort to move forward with distribution of the remaining account balance.

To distribute funds and close the account we require the following:

<input type="checkbox"/>	HSA Beneficiary Account Distribution Form
<input type="checkbox"/>	Death Certificate
<input type="checkbox"/>	One of the following estate documents: <ul style="list-style-type: none"> • Letter Testamentary • Letter of Administration • Letter of Appointment of Executor Or <ul style="list-style-type: none"> • Small Estate Affidavit <i>(if an estate has not been established)</i> <i>Please note the Employer Identification Number (EIN) for the estate is also required.</i>
<input type="checkbox"/>	If the deceased was a resident of New Jersey, State Inheritance Tax form and/or waiver documentation is required. See NJ Information Sheet.
<input type="checkbox"/>	If the designated beneficiary is a minor, Bank of America will require a letter from the surviving parent /guardian along with a copy of the birth certificate of the minor.

An HSA Beneficiary Account Distribution Form is included with this letter. To avoid delay, please send the required documentation along with a copy of this letter to the address listed below:

Bank of America
 c/o Health Account Services

Account status changes & closures

PO Box 2203
Fargo, ND 58108

Fax: 844.590.0919

Upon receipt of legal valid documents, we will proceed with the disbursement of the account balance and closure of the account.

If you have any questions regarding the distribution or this notice, please contact our Customer Care Center.

Customer Care
Health Benefit Solutions
800.718.6710
myhealth.bankofamerica.com

Account status changes & closures

U.S. Mail: HSA account transfer & closure confirmation

Your Health Savings Account has been closed

You recently asked us to process a trustee transfer and close your Health Savings Account (HSA). We wanted to let you know that your request has been completed, and as of <CLOSE DATE> your account is no longer active.

The remaining balances in your cash or investment accounts have been mailed to the new trustee according to your instructions. If you had any HSA Investments, they were liquidated according to the HSA Investment

Terms and Conditions.

Still have a question? Just give us a call. We're here to help 24/7.

Thank you for being a valued customer. We look forward to serving you.

Account status changes & closures

U.S. Mail: Identity verification HSA account closure confirmation

We were unable to complete your request for a Health Savings Account

We have been unable to reach you regarding your Bank of America Health Savings Account (HSA). Because verification of identification is required by Section 326 of the USA Patriot Act, we were unable to complete your account opening process and unfortunately had to close your account as of <CLOSE DATE>.

Any existing cash balances in your HSA at the time of closure have been returned as required by the Custodial Agreement and the HSA Terms and Conditions.

If you received a Bank of America Health & Benefit Account Visa® debit card, please dispose of it appropriately. The card has been deactivated and is no longer available for use.

Because HSA distributions may have tax implications, we recommend consulting with your tax advisor.

If you have questions or need help, please give us a call. Thank you for considering us for your financial needs.

Account status changes & closures

U.S. Mail: Involuntary HSA account closure confirmation

Your Health Savings Account has been closed

We're writing to let you know that your Health Savings Account (HSA) with Bank of America has been closed effective <close date>. Any existing cash balances in your HSA at the time of closure have been returned as required by the

Custodial Agreement and the HSA Terms and Conditions.

If you received a Bank of America Health & Benefit Account Visa® debit card, please dispose of it appropriately. The card has been deactivated and is no longer available for use.

Because HSA distributions may have tax implications, we recommend consulting with your tax advisor.

If you have questions or need help, please give us a call. Thank you for considering us for your financial needs.

Account status changes & closures

U.S. Mail: Employment status fee change confirmation — HSA

Important changes to your Health Savings Account

<First>,

We're writing to let you know that effective <date>, your employment status has changed and fees associated with your HSA may be adjusted. The good news is that you can continue to maintain and use your HSA with Bank of America because the account belongs to you. Your HSA account number won't change, and you can continue to access your account using the same login credentials on the Mobile App or the Member Website.

We're glad to continue helping you save money and use pre-tax dollars to pay for qualified health care expenses. As long as you continue participating in an eligible high deductible health care plan, you can make new contributions and grow your HSA account balance. And if you change insurance plans, you can keep using the funds to pay for eligible health care expenses, or let the funds grow for use in the future.

To learn more about the benefits of your HSA, visit the **Learning Hub** on [saveituseit.com](https://www.bankofamerica.com/saveituseit.com).

Have a question? Just give us a call. We're here to help 24/7.

Thank you for being a valued customer. We look forward to serving you.

Account status changes & closures

U.S. Mail: Employment status fee change — PO BOX as Home Address

-*- Demonstration Powered by OpenText Exstream 10/14/2024, Version 16.6.40 64-bit -*-

Bank of America NA

C/O Health Account Services
PO Box 2203
Fargo, ND 58108

TEST CONSUMER 15
123 TEST PLACE
TEST CA 12345
CANADA

Important information
about your benefit account

We're here to help



Customer Care Center:

800.247.9077
800.305.5109 TDD



Online Chat:

myhealth.bankofamerica.com

July 11, 2024

Important changes to your Health Savings Account

TEST,

We're writing to let you know that effective 07/11/2024, your employment status has changed and fees associated with your HSA may be adjusted¹. The good news is that you can continue to maintain and use your HSA with Bank of America because the account belongs to you. Your HSA account number won't change, and you can continue to access your account using the same login credentials on the Mobile App or the Member Website.

We're glad to continue helping you save money and use pre-tax dollars to pay for qualified health care expenses. As long as you continue participating in an eligible high deductible health care plan, you can make new contributions and grow your HSA account balance. And if you change insurance plans, you can keep using the funds to pay for eligible health care expenses, or let the funds grow for use in the future.

ACTION REQUIRED:

Update your Home Address on the member website. You currently have a PO Box on file as your main address for your Health Savings Account (HSA). However, the address of your physical residence (rather than a PO Box) must be on file in order to verify identification as required by Section 326 of the USA Patriot Act, as stated in your account agreement. **Access to your HSA and use of your debit card will be limited until you update the address for your account to your physical address.**

Account status changes & closures

-*- **Demonstration Powered by OpenText Exstream 10/14/2024, Version 16.6.40 64-bit** -*-

What do you need to do?

Log in to the member website at myhealth.bankofamerica.com to update your home address in your account profile.

HOME > ACCOUNTS > PROFILE SUMMARY > UPDATE PROFILE

Update your home address to a physical address and click Submit.

Note: You can use a PO Box for your **mailing address**, if that is your preferred address for any health account mailings.

To learn more about the benefits of your HSA, visit the **Learning Hub** on saveituseit.com.

Have a question? Just give us a call. We're here to help 24/7.

Thank you for being a valued customer. We look forward to serving you.

Customer Care
Bank of America Health Benefit Solutions

¹ To view the HSA Schedule of Fees, log into your account and choose "Education & Tools" and then find the fee schedule under the "Forms" area.

Account status changes & closures

U.S. Mail: Voluntary HSA account closure confirmation

Your Health Savings Account has been closed

You recently asked us to close your Health Savings Account (HSA). We wanted to let you know that your request has been completed, and as of <CLOSE DATE> your account is no longer active.

Any remaining balances in your cash or investment accounts at the time of closure have been returned. If you had any HSA Investments, they were liquidated according to the HSA Investment Terms and Conditions.

Because HSA distributions may have tax implications, we recommend consulting with your tax advisor.

Still have a question? Just give us a call. We're here to help 24/7.

Thank you for considering us for your financial needs.