

## Welcome To MyHSA

Congratulations! Your MyHSA Application and Beneficiary Designation Form has been received and processed. Your MyHSA account is now open you can start using your online account and the many tools that come with it. Your MyHSA provides enormous benefits to you and any eligible family members that you may have. While keeping compliance with applicable government regulations are your obligation, our MyHSA Customer Support and Information Center is available to assist you with your questions to help you maximize the benefits of your MyHSA.

Please review the Quick Start Guide below to help you start utilizing the many benefits that go along with your MyHSA account. If you have questions, please email or call our Customer Service Center at the address or phone number below.

Sincerely,

Your MyHSA Administrator

**E-Mail:**            **CustomerService@Benefitmenu.com**  
**FAX:**             **(800) 688-4329**  
**Voice:**           **(800) 57-MyHSA (800 576-9472)**

## MyHSA Quick Start Guide

How to login to your MyHSA participant website go to page .....	1
Where to view transactions.....	3
Debit card information.....	5
Extra Debit Card Request Form.....	8
Direct Deposit Authorization Form (to begin or update) .....	9
Beneficiary Designation Form (to change or update) .....	10
Distribution Request Form (for out-of-pocket reimbursement) .....	11

# ***MyHSA Health Savings Account Information Center***

***For information on your account you have a several choices:***

**E-Mail:**        **CustomerService@Benefitmenu.com**  
**FAX:**         **(800) 688-4329**  
**Voice:**        **(800) 57-MyHSA (800 576-9472)**

For those with internet access log-on at: ([www.myhsa.com](http://www.myhsa.com)) you can:

- Download forms
- Check your account balances
- View transaction history
- Change investment elections for future contributions
- Re-balance your current investment balances
- Transfer dollars between funds

## **Accessing Your MyHSA Account**

Your MyHSA account has been opened and your participant website has been established. To access your MyHSA participant website for the first time follow these 4 steps.

1. Go to [www.myhsa.com](http://www.myhsa.com)
2. Enter your Social Security Number (DO NOT USE DASHES)
3. Enter your Password
4. To complete the final step of your enrollment you must click on and complete the options below:
  - a). Automatic Rebalance.
  - b). Investment Election – Your MyHSA account has a “Cash Threshold” of \$200 that our system will maintain within your account. The first \$200 deposited in your account will sit in cash earning no interest; all amounts contributed above the cash threshold will automatically be invested. Any funds invested prior to setting your investment elections will default to the MetLife Guaranteed Fund. Once you set your investment elections, all future contributions will be invested according to your selections.
  - c). Change your Personal Identification Number (PIN). You will also have the option to change your Unique Identifier (Social Security Number) to something other than your SSN.

If you have any questions about any of these steps please call our help desk at (800) 576-9472.

At this site you will have access to all of the features listed above and more. The website is available twenty four hours a day seven days a week. For your convenience you can also have access to us via fax, email, and or call center during normal business hours Monday through Friday, excluding company holidays.

# How to use your MyHSA Participant website

Login to your Account at [www.myhsa.com](http://www.myhsa.com).

ALLIANCE BENEFIT GROUP® MyHSA Benefit Solutions That Work

Welcome MyHSA Participants

Our website supports the following web browsers: Internet Explorer 6 or 7, 8 (with Compatibility View enabled), and Mozilla Firefox 1.5. If you do not have a compatible browser, click [here](#) for Internet Explorer 7 or [here](#) for Mozilla Firefox.

Welcome to the MyHSA account information system. You may use this system to view or change the status of your MyHSA account. Please identify yourself to begin.

If you have questions or need help, please call 800-57-MyHSA (800-576-9472).

SSN or Unique ID

Personal Identification Number (PIN)

[Click here to reset your PIN if lost or forgotten.](#)  
[Forgot Alternate ID](#)

[Spanish Logon](#)

MyHSA Home | Print Screen | Help | Exit Online Enrollment

Participant Name: Bobby Blue  
Plan Name (ID): Alliance Benefit Group Hsa...  
Total Balance: \$0.00

Enrollment Progress: Start > My eDelivery > My Information > My Investments > Finish

Welcome to Online Enrollment

1. The enrollment wizard will guide you through all the steps to ensure you have fully completed the enrollment process. You may choose to complete the steps in any sequence.  
2. A check mark appears when you successfully complete each task. You must complete the entire enrollment process before your requests are processed.  
3. Before you submit your enrollment request, you will have the opportunity to view and/or change each request on the Online Enrollment Summary page.

Note: Your Password or PIN change will take effect immediately.

Step 1 My eDelivery   
Step 2 My Information   
Step 3 My Investments

When you first login to your MyHSA online account you will have to complete the online enrollment. You will need to click on the Enroll Now button to complete the 3 steps.

Once you have completed all 3 steps you will click on the Enroll Me button on the lower right to complete your online enrollment. It will take 1 business day for your account settings to activate.

MyHSA Home | Print Screen | Help | Exit Online Enrollment

Participant Name: Bobby Blue  
Plan Name (ID): Alliance Benefit Group Hsa...  
Total Balance: \$0.00

Enrollment Progress: Start > My eDelivery > My Information > My Investments > Finish

Online Enrollment Summary

-Verify your selection in each section.  
-To make changes, select Edit.  
-Select Enroll Me to complete your enrollment.

<input type="button" value="Edit"/> My eDelivery	Financial Transactions	OptOut
	Personal Information	OptOut
	Security	OptOut
<input type="button" value="Edit"/> My Information		
<input type="button" value="Edit"/> My Investments	<ul style="list-style-type: none"> <li>(15%) AMERICAN FUNDS AMERICAN MUT RR</li> <li>(15%) MFS MASS INVESTORS TRUST A</li> <li>(15%) T ROWE PRICE NEW AMERICA GRWTH</li> <li>(10%) ASTON/FAIRPOINTE MID CAP N</li> <li>(10%) GABELLI SMALL CAP GROWTH</li> <li>(15%) THORNBURG INTERNATIONAL VAL A</li> <li>(15%) PIMCO TOTAL RETURN D</li> <li>(5%) METLIFE GUARANTEED FUND</li> </ul>	

I agree that my enrollment information is correct.

# How to use your MyHSA Participant website

MyHSA Home | Contact Information | Additional Plans | Print Screen | Help | Logout

ALLIANCE BENEFIT GROUP® Participant Name: Bobby Blue  
 Plan Name (ID): Alliance Benefit Group Hea...  
 Total Balance: \$0.00

Account Summary Transactions Personal Performance Investment Information Reference MyHSA Forms

MyHSA Welcome

News You Need To Know

**New Debit Card Restrictions**  
 In order to limit your exposure to taxes and penalties as a result of taking a distribution for a non-qualified expense, we have restricted the use of your MyHSA debit card to only qualified HSA expenses. You will still need to keep all receipts in case you get audited by the IRS to prove your distributions were in fact for a qualified medical expense. If you choose to reimburse a non-qualified expense you can still do that by sending us a distribution request form (the form can be found under the MyHSA Forms section above). If you have any questions, please call our Help Desk at (800) 576-9472.

**Name Day Exchange**  
 To better serve you we have converted the mutual funds offered in our MyHSA Health Savings Account program to Same Day Exchange funds. Now any investment exchanges (trades) you make in your account prior to 4:00 Eastern Time Monday through Friday will happen that same day. Investment exchanges (trades) that you make after 4:00 Eastern Time Monday through Friday will happen the following business day. If you have questions about this please call our help desk at (800) 576-9472.

**Web Browser Compatibility**  
 Our website supports the following web browsers: Internet Explorer 7, 8 (with Compatibility View enabled), and 9 (without Compatibility View), Mozilla Firefox 3 and 4, and Safari 5. If you do not have a compatible browser, click [here](#) for Internet Explorer 7 or [here](#) for Mozilla Firefox.

**View Transactions**  
 To view all debit card transactions, manual claims, fee pulls and any refunds go to the Account Summary drop down up above then click on Claim Transaction History. To view all transactions that occurred in your account including contributions prior to January 1, 2008 you would also click on Claim Transaction History. To view all contributions that have occurred in your account after January 1, 2008 go to the Account Summary drop down up above then click on Other Transaction History. You can then select the date range you want and sort by the type of transaction. If you have questions please call our help desk at 800-576-9472.

Welcome

ALLIANCE BENEFIT GROUP Health Savings Master Plan and Trust  
 Welcome Bobby Blue  
 You may use this system to view or change the investments in your MyHSA.

My Summary  
 Participant Name: Bobby Blue  
 Plan Name: Alliance Benefit Group Health Savings Master Plan and Trust(HSA)  
 Total Balance: \$0.00

You will see your account balance on the MyHSA Home Page.

To view your deposits go to the Account Summary option then select Other Transaction History then select the date range you want to look for. You will see HSA Deposits, Dividends, Interest, Transfers from cash & Withdraws.

MyHSA Home | Contact Information | Additional Plans | Print Screen | Help | Logout

ALLIANCE BENEFIT GROUP® Participant Name: Bobby Blue  
 Plan Name (ID): Alliance Benefit Group Hea...  
 Total Balance: \$0.00

Account Summary Transactions Personal Performance Investment Information Reference MyHSA Forms

Participant Summary  
 Change Web Password  
 Alternate User ID  
 Investment Summary  
 Claim Transaction History  
 Other Transaction History  
 Debit Card PIN Retrieval

using the form below.  
 on a column name from the grid below.  
 8 - 04/10/2013

3/11/2013  
 4/10/2013

To Date Update

Transaction History - Summary View Show Detailed View

Transaction Type	Activity Type	Transaction Date	Transaction Amount
------------------	---------------	------------------	--------------------

MyHSA Home | Contact Information | Additional Plans | Print Screen | Help | Logout

ALLIANCE BENEFIT GROUP® Participant Name: Bobby Blue  
 Plan Name (ID): Alliance Benefit Group Hea...  
 Total Balance: \$0.00

Account Summary Transactions Personal Performance Investment Information Reference MyHSA Forms

Participant Summary  
 Change Web Password  
 Alternate User ID  
 Investment Summary  
 Claim Transaction History  
 Other Transaction History  
 Debit Card PIN Retrieval

Blue 2013-01-01 to 2013-12-31

Description	Merchant Name	Amount	Claim Number
-------------	---------------	--------	--------------

All transactions will be for this period

To view Debit Card transactions, go to the Account Summary option then select Claim Transaction History. You will see Debit Card and Manual claims and Account Admin Fees.

# How to use your MyHSA Participant website

To view your investment elections go to the Account Summary option then select Investment Summary.

MyHSA Home | Contact Information | Additional Plans | Print Screen | Help | Logout

ALLIANCE BENEFIT GROUP® Participant Name: Bobby Blue  
Plan Name (ID): Alliance Benefit Group Hea...  
Total Balance: \$0.00

Account Summary Transactions Personal Performance Investment Information Reference MyHSA Forms

Participant Summary  
Change Web Password  
Alternate User ID  
Investment Summary  
Claim Transaction History  
Other Transaction History  
Debit Card PIN Retrieval

As Of 4/10/2013

Click below to view investment balances within that source, and go to the 'Prospectuses & Performance' page for additional fund information.

Election Percent Summary

100% METLIFE GUARANTEED FUND

(As Of 4/10/2013)

Investment Name	Links	Balance	Election Percent	Portfolio Percent	Units	Price	Ticker	Class
AMERICAN FUNDS AMERICAN MUT R4	<a href="#">[i]</a>	\$0.00	0%	0.00%	0.0000	\$31.53	RMFEX	
MFS MASS INVESTORS TRUST A	<a href="#">[i]</a>	\$0.00	0%	0.00%	0.0000	\$23.86	MITTX	
SCHWAB S&P 500 INDEX FUND	<a href="#">[i]</a>	\$0.00	0%	0.00%	0.0000	\$24.84	SWPPX	
T ROWE PRICE NEW AMERICA GRWTH	<a href="#">[i]</a>	\$0.00	0%	0.00%	0.0000	\$36.59	PAWAX	
ASTON/FAIRPOINTE MID CAP N	<a href="#">[i]</a>	\$0.00	0%	0.00%	0.0000	\$36.45	CHTTX	
GABELLI SMALL CAP GROWTH	<a href="#">[i]</a>	\$0.00	0%	0.00%	0.0000	\$41.07	GABSX	
THORNBURG INTERNATIONAL VAL A	<a href="#">[i]</a>	\$0.00	0%	0.00%	0.0000	\$26.35	TGVAX	
PIMCO TOTAL RETURN D	<a href="#">[i]</a>	\$0.00	0%	0.00%	0.0000	\$11.28	PTTDX	
AMER CENT INFLATION ADJ BOND	<a href="#">[i]</a>	\$0.00	0%	0.00%	0.0000	\$13.14	ACITX	
VIRTUS REAL ESTATE SECURITIES	<a href="#">[i]</a>	\$0.00	0%	0.00%	0.0000	\$38.13	PHRAX	
METLIFE GUARANTEED FUND	<a href="#">[i]</a>	\$0.00	100%	0.00%	0.0000	\$12.14		
Cash		\$0.00	0%	0.00%	0.0000	\$0.00		
ALL INVESTMENTS		\$0.00						

To make ongoing investment election changes go to the Transactions option then select Investment Elections. This will only change the investment direction of future contributions. Enter your new elections then click on Submit Custom Elections.

MyHSA Home | Contact Information | Additional Plans | Print Screen | Help | Logout

ALLIANCE BENEFIT GROUP® Participant Name: Bobby Blue  
Plan Name (ID): Alliance Benefit Group Hea...  
Total Balance: \$0.00

Account Summary Transactions Personal Performance Investment Information Reference MyHSA Forms

Custom Elections Pending and Processed Activity  
Investment Elections

Custom Election Rebalance Account  
Automatic Rebalance  
Transfer Investments

Contributions only. They do not change your contribution rate or current investment balances. You can use the screen actions typically become effective the next business day.  
Use the Automatic Elections feature to set an automatic rebalance cycle for your account by selecting the Custom

Investment Name	Current %	New %
AMERICAN FUNDS AMERICAN MUT R4	0%	0%
MFS MASS INVESTORS TRUST A	0%	0%
SCHWAB S&P 500 INDEX FUND	0%	0%
T ROWE PRICE NEW AMERICA GROWTH	0%	0%
ASTON/FAIRPOINTE MID CAP N	0%	0%
GABELLI SMALL CAP GROWTH	0%	0%
THORNBURG INTERNATIONAL VAL A	0%	0%
PIMCO TOTAL RETURN D	0%	0%
AMER CENT INFLATION ADJ BOND	0%	0%
VIRTUS REAL ESTATE SECURITIES	0%	0%
METLIFE GUARANTEED FUND	100%	0%

Submit Custom Elections

To transfer funds between investments go to the Transactions option then select Transfer Investments.

MyHSA Home | Contact Information | Additional Plans | Print Screen | Help | Logout

ALLIANCE BENEFIT GROUP® Participant Name: Bobby Blue  
Plan Name (ID): Alliance Benefit Group Hea...  
Total Balance: \$0.00

Account Summary Transactions Personal Performance Investment Information Reference MyHSA Forms

Transfer Funds Pending and Processed Activity  
Transfer Investments

Transfer - Rebalance Account  
Automatic Rebalance  
Transfer Investments

Your ability to request transactions (e.g. pill refills) is suspended for short periods of time (usually lasting no more than two days) when regularly scheduled plan maintenance transactions occur as soon as administratively feasible at month end and/or within two weeks following the trading.  
Review your current asset allocation and make any contemplated changes prior to these times of suspended trading.

Transfers and exchanges are processed on prices at close of market on the day they are received if the requests are placed before the custodian trade cut off time. If you have any questions regarding which custodian your Plan utilizes, please contact our Help Desk at (888) 412-2445, 7:30 a.m. - 5:00 p.m. CST, Monday - Friday.

- Select a transfer type from the list below...
- Select a fund to transfer money...
- Enter the amount/percent you would like to transfer...

Transfer Type

Dollar to Dollar  
 Dollar to Percent  
 Percent to Percent

Funds/Balances

Investment Name	Balance	Contingent Redemption Fee	Trading Policy
AMERICAN FUNDS AMERICAN MUT R4	\$951.07		
MFS MASS INVESTORS TRUST A	\$919.37		
T ROWE PRICE NEW AMERICA GROWTH	\$918.21		
ASTON/FAIRPOINTE MID CAP N	\$652.92		
GABELLI SMALL CAP GROWTH	\$630.67		
THORNBURG INTERNATIONAL VAL A	\$848.97		
PIMCO TOTAL RETURN D	\$852.56		
METLIFE GUARANTEED FUND	\$367.17		

Transfer Amount



# ***Processing MyHSA Transactions Using Your Debit Card***

Within thirty (30) days of acceptance of your MyHSA Account Application by Alliance Benefit Group, you will be mailed your Debit Card. While you are awaiting the arrival of your Debit Card, or at any time you choose, you can make distribution requests by submitting a paper MyHSA Distribution Request Form. The Alliance Benefit Group Debit Card is a simple and unique system that will help you maximize the benefits of your Health Savings Account (MyHSA). Through innovative technology, your Debit Card provides immediate access to your MyHSA account balance for HSA eligible health care expenses. Your Debit Card is linked to your HSA account balance and purchases paid for using your Debit Card will be deducted directly from your HSA account balance. Simply present your Debit Card to any qualified health provider that accepts MasterCard to make qualified purchases and your payment will automatically be transferred from your MyHSA account.

## ***Why A Debit Card Makes Sense:***

- **No need to submit claim forms**
- **No need to pay out-of-pocket for services**
- **No more waiting to be reimbursed**
- **No more forgotten purchases**

## ***What is a Debit Card?***

Your Debit Card is a prepaid debit card to be used exclusively with your MyHSA Account (administered by Alliance Benefit Group). The card is linked to your MyHSA account providing immediate access to your Account Balance. Your Debit Card allows you to access 95% of your MyHSA balance. You must use a distribution form to request distributions in excess of 95% of your account balance. Your Debit Card can only be used for eligible health care expenses.

## ***How does a Debit Card work?***

With your Debit Card, immediate access to your MyHSA account is easy. As long as your health care provider or health service provider accepts MasterCard, there's no need to pay cash upfront, mail in a distribution request and wait for reimbursement. Each time you use your card for eligible expenses, funds are automatically deducted from your MyHSA Savings Account.

## ***Where can I use my Debit Card?***

You can use your Debit Card to pay for eligible medical expenses at any locations that accept MasterCard.

## ***Should I select "Debit" or "Credit" at the cashier?***

When making a purchase you can choose either "Credit" or "Debit". If you choose "Credit" you will just sign the receipt as though you were using a credit card. If you choose "Debit" you will need to provide the merchant with your PIN number. You can access your debit card PIN number from our website [www.myhsa.com](http://www.myhsa.com) or from your online MyHSA account. If you need help please call our help desk (800) 576-9472 and they can help you login to your PIN number access.

# ***Processing MyHSA Transactions Using Your Debit Card***

## ***Can I get cash out of an ATM or at the cashier with this card, do I get checks?***

No. You cannot get cash out of an ATM with this debit card and you do not get checks. This card may only be used to purchase eligible medical expenses and services.

## ***What if my provider does not accept MasterCard?***

Use another form of payment and submit a MyHSA Distribution Request Form to Alliance Benefit Group for processing (this form is available in this packet or online at [www.myhsa.com](http://www.myhsa.com)).

## ***Can I purchase items online?***

Yes. You can use this card for online purchases.

## ***What eligible expenses can the card be used for?***

Please access your MYHSA website at [www.myhsa.com](http://www.myhsa.com) or contact customer service at (800) 576-9472 for a detailed list of eligible MyHSA expenses.

## ***Can I use my Debit Card for eligible Over-The-Counter (OTC) eligible expenses?***

Yes, you can use your Debit Card for OTC eligible medical expenses.

## ***Do I need to keep my receipts?***

Yes. Although you may use your card to pay for eligible medical expenses, such as ordering mail-order prescription drugs, the Internal Revenue Service requires that you substantiate qualified distributions from your MyHSA Account. We recommend that you keep all of the receipts associated with distributions from your HSA in a safe place so that you can access them in the future if needed.

## ***Are you required to provide receipts to Alliance Benefit Group for Debit Card transactions?***

No, HSA transactions do not require review by your MyHSA program administrator. However, you should maintain all HSA receipts in the event your tax return is audited by the Internal Revenue Service or other taxing authority. If you do not maintain proof of purchase, you may incur adverse tax effects including income tax and excise tax penalties for undocumented distributions from your MyHSA account.

## ***What if I incurred a distribution for an ineligible expense?***

You are required to report all ineligible HSA distributions on your individual income tax return. You will be taxed on these transactions and incur additional excise tax penalty if you are under the age of 65.

## ***What if I don't have enough money on my Debit Card to pay for my purchase?***

The transaction will be declined if your available account balance is insufficient to pay for your entire purchase. You will need to pay for your purchase either with cash, a personal check or credit card and then submit a completed distribution form to Alliance Benefit Group for processing. Alliance Benefit Group will process your distribution request and distribute the available funds within 5 – 7 business days of receipt.

# ***Processing MyHSA Transactions Using Your Debit Card***

## ***What if my card does not work at a qualified location or the card was "declined"?***

You may have to pay with another form of payment. The failure could be due to any of the following reasons. Please contact our help desk at (800) 576-9472 for additional details:

- You may have accessed your card for a non eligible merchant or service provider.
- There is not enough money in your account to completely cover the expense.

## ***Can I use my Debit Card if I receive a health care bill with a "Patient Balance Due?"***

Yes, as long as you have sufficient funds in your account and your health care provider accepts MasterCard you may use the Debit Card to pay such bills. Just write your Debit Card number on the health care bill and return it to your health care provider.

## ***How do I obtain a Debit Card?***

As a participant in the Alliance Benefit Group Health Savings Account Program, you will automatically receive one Debit Card. This card is provided as a feature of your MyHSA account. You will not be charged any fee or set up charge for your first card.

## ***May I obtain a card for my spouse?***

Yes. You may obtain a card for your spouse or other eligible dependent. The cost to order an additional card is \$5.00 per card. To request additional cards, please complete and return the "Request for Spouse and/or Dependent Debit Card" authorization form (included in your MyHSA Welcome Kit). Send a check made payable to Alliance Benefit Group for the additional card(s) with your form or this fee will be deducted from your HSA account.

## ***How do I activate my Debit Card once I have received it?***

The Debit Card is a signature-based card. The card will automatically be activated when you sign for your first purchase.

## ***Do I have a PIN number with my Debit Card?***

Yes, starting April 1, 2013 all debit cards are required to have a PIN number. You can access instructions on how to retrieve your debit card PIN electronically at [www.myhsa.com](http://www.myhsa.com) or by logging in to your MyHSA account. Once you have your PIN access setup you will be able to view all debit card PINs associated with your MyHSA account. If you need assistance accessing your PIN call our help desk at (800) 576-9472.

## ***What should I do if my Debit Card is lost or stolen?***

If your Debit Card is lost or stolen, you should immediately notify the help desk at (800) 576-9472 to request a block on your card. While MasterCard provides some protection for fraudulent use of your card, it is your responsibility to immediately request that your card be cancelled. You only have a limited time to report fraudulent charges so we encourage you to check your MyHSA online account frequently and report any fraudulent claims as soon as you see them. To issue you a new Debit Card there is a \$10 replacement fee **this fee will be deducted from your HSA account.**

## ***What if I was charged the wrong amount on my Debit Card?***

Contact our help desk immediately at (800) 576-9472; a customer service associate will assist you in determining the appropriate resolution.



**MyHSA**  
**Request for Spouse and/or Dependent**  
**Debit Card**



As a MyHSA Health Savings Account participant, I understand that I will be provided with one Debit Card at no additional cost. I understand that as a MyHSA participant, I may request additional Debit Cards for my spouse and/or other adult dependent. I agree that any usage of a dependent Debit Card, requested and authorized by me as an HSA Account Holder, will result in a withdrawal of funds from my HSA Account and will be processed as if I (the HSA account holder) were initiating the transaction. Additional Debit Card requests normally will be processed and the Debit Card mailed the address of the MyHSA Account Holder within ten business days following receipt of this authorization. I agree that my HSA account will be charged five dollars (\$5.00) for each additional card requested.

MyHSA Account Holder Information	<hr/> First Name <span style="margin-left: 150px;">Last Name</span>	<hr/> Social Security Number  <hr/> Date of Birth
	<hr/> Daytime Phone <span style="margin-left: 100px;">Email</span>	
Request For Spouse or Dependent Debit Card	I would like a Debit Cards for my <input type="checkbox"/> Spouse or my <input type="checkbox"/> Dependent. Please enter their name and Social Security number:  <hr/> First Name <span style="margin-left: 150px;">Last Name</span>  <hr/> Spouse or Dependent Social Security Number	There is a one time \$5.00 fee for additional Debit Cards that will be deducted from your HSA account.
Delivery Information	All additional debit cards will be mailed to the MyHSA Account Holder's address that we have on file.	There is a one time \$5.00 fee for additional Debit Cards that will be deducted from your HSA account.
HSA Account Holder Authorization	I hereby certify that I authorize Alliance Benefit Group of Illinois as MyHSA administrator to issue the Debit Card(s) requested above and I agree to be bound by the terms and conditions relating to usage for the Debit Card(s). I agree to accept responsibility for any and all transaction initiated by my spouse and/or dependent listed above who have or may receive a Debit Card pursuant to this authorization. I acknowledge that fees related to the issuance of spouse and/or dependent Debit Cards will be withdrawn from my HSA account.  <hr/> Signature <span style="margin-left: 300px;">Date</span>	

**Please complete and return this form to:**  
 Alliance Benefit Group  
 456 Fulton Street, Suite 345  
 Peoria, IL 61602  
**Or Fax the completed form to (800) 688-4329**

**If you have any questions please call customer service at 800-57 MyHSA (1-800-576-9472)**

# AUTHORIZATION FOR DIRECT DEPOSIT (EFT) CLAIM/DISTRIBUTION PROCESSING (OPTIONAL)



(PLEASE PRINT)

Complete this form only if you wish Alliance Benefit Group of Illinois to initiate a direct deposit/electronic funds transfer (EFT) when reimbursing for a qualified medical expense paid out-of-pocket.

ACCOUNT HOLDER INFORMATION	
Name: (First):	(MI): (Last):
Social Security Number:	Daytime Phone Number:
Email Address:	

I hereby authorize Alliance Benefit Group (ABG) as program administrator to initiate credit entries as direct deposit claim reimbursements and to initiate, if necessary, debit adjustment entries made for any credit entry made in error to my account. These transactions are made through regional automated clearing house (ACH) associations and are subject to the operating rules and regulations of the National Automated Clearinghouse Association (NACHA).

I understand this change will not be effective until the third business day following receipt of the completed form by Alliance Benefit Group of Illinois. Where applicable, ACH returns will incur additional fees.

Please complete the appropriate sections (for new EFT, complete all):

\_\_\_\_\_  
Name of Financial Institution

\_\_\_\_\_  
Routing and Transit Number (9 Digits)

\_\_\_\_\_  
Account Number *(Authorization applies to checking accounts only)*

I certify that I am the owner of the account named above and that I have the legal right to provide this authorization. This authority shall apply to all requests for claim reimbursements I submit to ABG under the Health Savings Account program. This authorization remains in full force and effect until which time ABG has received written notification from me of its termination. I agree to provide such notification of cancellation in such a manner as to afford Alliance Benefit Group reasonable time to act on it. Failure to notify ABG in a timely manner could result in additional fees.

Signature of Account Holder: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*A COPY OF A VOIDED CHECK MUST BE ATTACHED\*\***

**MAIL OR FAX A COPY OF THIS FORM TO:**  
ALLIANCE BENEFIT GROUP, MyHSA DEPARTMENT, 456 FULTON STREET, SUITE 345, PEORIA, IL 61602  
FAX ( 800 ) 688-4329

If you have any questions please call 800-57MyHSA (800-576-9472).



**BENEFICIARY DESIGNATION FORM**  
**ALLIANCE BENEFIT GROUP HEALTH SAVINGS ACCOUNT PROGRAM**

<b>ACCOUNT HOLDER INFORMATION (PLEASE PRINT)</b>		
<b>Name: (First):</b>	<b>(Last):</b>	<b>SSN:</b>
<b>Daytime Phone:</b>	<b>Email:</b>	

Pursuant to the Custodial Agreement, you are authorized to designate one or more individuals as a Designated Beneficiary (ies) of your account. For each designated person below, include their address, city, state, zip, social security number and relationship to you in the space provided. You must also designate a percentage of your remaining account (if any) to be distributed to that individual. NOTE: All percentages must add up to 100%

<b>PRIMARY BENEFICIARY (IES)</b>		
Name:		%:
Address:	City:	State: Zip:
SSN:	Phone:	Relationship:
Name:		%:
Address:	City:	State: Zip:
SSN:	Phone:	Relationship:
Name:		%:
Address:	City:	State: Zip:
SSN:	Phone:	Relationship:
Name:		%:
Address:	City:	State: Zip:
SSN:	Phone:	Relationship:

If all individuals listed as Primary Beneficiaries precede you in death or cannot be located after a reasonable search by the Custodian (or its designee), all non allocated funds (if any) in your account will be distributed to your Contingent Beneficiary(ies) designated below. In the event that no beneficiary can be located, your account balance (if any) will be distributed to your estate.

<b>CONTINGENT BENEFICIARY(IES)</b>		
Name:		%:
Address:	City:	State: Zip:
SSN:	Phone:	Relationship:
Name:		%:
Address:	City:	State: Zip:
SSN:	Phone:	Relationship:

Note: Special rules apply in certain states if a married individual does not select his / her spouse as beneficiary. If you reside in a community or marital property state and you designate a person other than your spouse as beneficiary, you must obtain authorization from your spouse. It is the responsibility of the Account Holder to ensure that the individual(s) designated as beneficiary (ies) are legally authorized to act in that fashion. Neither the Custodian nor ABG accept responsibility for erroneously named beneficiaries.

<b>ALLIANCE BENEFIT GROUP, PROGRAM ADMINISTRATOR:</b>
<b>456 Fulton Street, Suite #345, Peoria, IL 61602</b>
<b>THE CHARLES SCHWAB TRUST COMPANY, CUSTODIAN:</b>
<b>215 Fremont Street, 6<sup>th</sup> Floor, San Francisco, CA 94105</b>

**Signature of Account Holder:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Mail completed form to Alliance Benefit Group at the address above or you can fax to 800-688-4329.

**If you have any questions please call our customer service at 800-57-MyHSA (1-800-576-9472).**



# MyHSA HEALTH SAVINGS ACCOUNT DISTRIBUTION REQUEST

ACCOUNT HOLDER INFORMATION			
Name: (First):	(MI):	(Last):	
Social Security Number:	Daytime Phone Number:		
Mailing Address:	<input type="checkbox"/> check if new address		
City:	State:	Zip:	
Email Address:			

### **Distribution Reason – (Check appropriate distribution type and provide requested information):**

**Will this request close your MyHSA Account?**     Yes     No

There is a \$30 closing fee if applicable

Select one of the following:

**Normal Distribution** (for reimbursement of qualified medical expenses)    Amount Requested \$ \_\_\_\_\_

**Rollover/Transfer** (to transfer balance to another institution or distribution due to death of account holder)  
Amount Requested (if less than total balance) \$ \_\_\_\_\_

Distribution is payable to account beneficiary (provide payee information below)

Transfer is payable to a Qualified HSA (if payable to an HSA administrator provide payee information below).

Payee name: \_\_\_\_\_

Payee address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

### **HSA ACCOUNT HOLDER AUTHORIZATION AND SIGNATURE:**

I hereby request and authorize Alliance Benefit Group of Illinois to process the above requested distribution from my Health Savings Account. I understand that the funds requested will be delivered to me utilizing standard services provided by the U.S. Postal Service unless I have previously completed the Authorization for Direct Deposit (EFT) Form. I further certify that I understand the requested HSA distribution will be processed as soon as possible following availability of funds and that there may be additional fees (see fee schedule) charged by Alliance Benefit Group of Illinois associated with this distribution. I understand that I am responsible for any consequences resulting from this distribution including taxes and penalties owed. I agree to indemnify and hold Alliance Benefit Group of Illinois and The Charles Schwab Trust Company harmless from any resulting liabilities. I acknowledge that neither Alliance Benefit Group of Illinois nor The Charles Schwab Trust Company have provided me with legal advice and I further agree to consult with my personal tax consultant or legal counsel as I deem appropriate for guidance.

HSA Account Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete and return this form to:

Alliance Benefit Group  
456 Fulton Street, Suite 345  
Peoria, IL 61602

Or fax the completed form to 800-688-4329.

**If you have any questions please call customer service at 800-57 MyHSA (1-800-576-9472)**