



REQUEST FOR COPY OF HSA ACCOUNT STATEMENT

Account Holder Instructions

To request copies of HSA account statements for your BenefitWallet® Health Savings Account (HSA) complete this form and send the **ORIGINAL** form to The Bank of New York Mellon (BNY Mellon) at the address below. BNY Mellon will charge your account a fee of \$5, or as stated on your rate and fee schedule, per statement in accordance with the Health Savings Account Fee and Rate schedule. **Please allow 20 business days to process your request.**

Note: Account statements are downloadable online at www.mybenefitwallet.com. Up to three years of statements are available.

Send this completed and signed form (not a copy) to BNY Mellon at:

Mail:

BenefitWallet
P.O. Box 535161
Pittsburgh, PA 15253-5161

Courier/Overnight:

BenefitWallet/HSA Operations
500 Ross Street Suite 154-0510
Pittsburgh, PA 15262-0001

BenefitWallet introduces quarterly HSA statements.

- HSA statements will be generated for the months of March, June, September and December, regardless of HSA activity.
- HSA statements will not be generated for the months of January, February, April, May, July, August, October or November — unless there is qualifying HSA activity which includes posting of contributions or distributions. Posting of interest and fees only is not statement generating activity.
- This change applies to all paper HSA statements as well as e-statements.

Account information, including interest and maintenance fee activity may be viewed online under Account Summary.



REQUEST FOR COPY OF HSA ACCOUNT STATEMENT

Name: _____

HSA Checking Account Number: 9 5 0 0

Note: Your account number can be found in the upper right corner of your BenefitWallet Welcome Kit cover letter, account statements as well as on your BenefitWallet checks and deposit slips.

I am requesting a copy of the account statement(s) as indicated below. Note: when a monthly statement has not been generated, you will be provided a copy of the quarterly statement including that month. This information should be mailed to the address on record. If your address has changed, please submit a Change of Address Form with this request.

Specify Month(s) for which Statement Copy is to be provided

- | | | | |
|-----------------------------------|--------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> January | <input type="checkbox"/> April | <input type="checkbox"/> July | <input type="checkbox"/> October |
| <input type="checkbox"/> February | <input type="checkbox"/> May | <input type="checkbox"/> August | <input type="checkbox"/> November |
| <input type="checkbox"/> March | <input type="checkbox"/> June | <input type="checkbox"/> September | <input type="checkbox"/> December |

Effective 2010, if applicable, specify period for which Statement Copy is to be provided

- | | | | |
|--|-------------------------------------|--|---|
| <input type="checkbox"/> January-March | <input type="checkbox"/> April-June | <input type="checkbox"/> July- September | <input type="checkbox"/> October - December |
|--|-------------------------------------|--|---|

Specify Year applicable to the month(s) indicated above. If the request includes more than one year, please complete one form for each year.

- | | | | | | |
|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> 2004 | <input type="checkbox"/> 2005 | <input type="checkbox"/> 2006 | <input type="checkbox"/> 2007 | <input type="checkbox"/> 2008 | <input type="checkbox"/> 2009 |
| <input type="checkbox"/> 2010 | <input type="checkbox"/> 2011 | <input type="checkbox"/> 2012 | <input type="checkbox"/> 2013 | <input type="checkbox"/> 2014 | |

Note: A fee of \$5.00, or as stated on your rate and fee schedule, per statement requested and provided will be assessed and deducted from your HSA account.

By completing, signing and submitting this form for processing, I authorize the deduction of all applicable fees from my account and the release of the requested statement(s).

Account holder's signature is required

Address

City, State, and Zip

For Internal Use only:

Signature Verified by: _____

Date: _____

Statement Copy Prepared by: _____

Date: _____