

PayFlex Systems USA, Inc.
10802 Farnam Drive
Omaha, NE 68154



JANE DOE
123 MAIN STREET
ANYTOWN, STATE ZIP

Employer ID: xxxx
Employer: ABC Co.

DATE

SECOND REQUEST

Information is Needed To Open Your Health Savings Account (HSA)
- Please Respond Within 10 Days -

Dear JANE,

We've received your Health Savings Account (HSA) enrollment but need more information in order to open your account. To comply with the USA PATRIOT Act, we must verify your name, home address, date of birth and Social Security number. When you provide the requested information, we'll be able to open your account and you can be on your way to enjoying all of the benefits of your HSA. Please provide the information requested below within 10 days so we can open your HSA. If you don't respond, we can't open your HSA and you won't be able to use the HSA to pay for eligible expenses.

Below is the information we need to open your HSA:

- 1. Verification of Your Name and/or Social Security Number**
Please provide a copy your Social Security Card AND a copy of your driver's license or other government-issued ID or a paystub showing your name and FULL Social Security Number.
- 2. Verification of Your Date of Birth**
Please provide a copy your driver's license or other government-issued ID, showing your name and birthdate.
- 3. Verification of Your Residential Street Address**
Please provide a copy of your driver's license or other government-issued ID, a utility bill that is addressed to you at your current residential address (not a P.O. Box), a paystub showing your name and current residential street address, or your mortgage/rental agreement displaying your name and current residential street address.

E-mail, fax or mail the requested documentation along with a copy of this letter to:

E-mail: hsacip@payflex.com

Fax: (301) 564-5192

Mail: PayFlex Systems USA, Inc.
13511 Label Lane, Ste. 201
Hagerstown, MD 21740

Remember, we can't open your HSA until you provide the requested information. This means you won't have funds available in an HSA to use for your eligible health care expenses.

If you have any questions, call us at (XXX) XXX-XXXX. Customer Service Representatives are here for you Monday through Friday, 7 a.m. – 7 p.m. CT and Saturday, 9 a.m. – 2 p.m. CT.

We look forward to supporting you and your HSA!

PayFlex Systems USA, Inc.

Protecting your personal information is important to us and we will ensure that is is secured in accordance with our privacy policy.

This material is for informational purposes only and is not an offer of coverage. It contains only a partial, general description of plan benefits or programs and does not constitute a contract. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about PayFlex, go to www.payflex.com.

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