

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

**FINAL REQUEST**

Information is Needed To Open Your Health Savings Account (HSA)  
**- Your IMMEDIATE Respond is Required -**

Dear JANE,

This letter is our final request for information needed to open your HSA. If you do not provide the requested information within the next 7 days, we won't be able to open your HSA.

**If you do not respond, here's what will happen:**

We'll need to close your HSA request. This means you won't have an HSA with PayFlex to use for your out-of-pocket health care expenses. Any payroll contributions or employer contributions that were made won't be available through your HSA. The payroll contributions that have been made will be refunded to you as *taxable* income. Any future payroll contributions won't be accepted.

**Please respond immediately to avoid the closure of your HSA request.**

To comply with the USA PATRIOT Act, we must verify your name, home address, date of birth and Social Security number.

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](mailto:hsacip@payflex.com)

Fax: (301) 564-5192

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

**This is the last notification you will receive. If you don't provide documentation within the next 7 days, we will close your HSA request.**

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](http://www.payflex.com).

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