



HealthEquity[®]

15 West Scenic Pointe Drive
Draper, UT 84020



FLEXIBLE SPENDING ACCOUNTS (FSAs):

A simple way to save.

See back page for additional information on your plan.

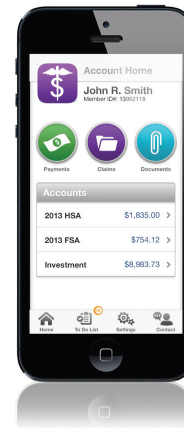
Welcome!

Your flexible spending account (FSA) has successfully been opened at HealthEquity. Your FSA can be used to help pay for qualified medical expenses, as outlined on the back of this letter. FSAs help you save in these ways:

- Your entire elected amount for the year is available to use at the beginning of the plan year
- FSA funds deducted from payroll are pretax
- Funds used for qualified medical expenses are not taxed as income

GET STARTED

Managing your account is easy! We provide the tools and resources needed to help you maximize your health savings. Log in to your account to check your balance, submit eligible claims and upload receipts or documentation:



HEALTHEQUITY MOBILE APP

Manage your account on-the-go with HealthEquity's free mobile app

Available at:
iTunes App Store
Google Play

Expert friends

**Helpful support for you,
available every hour of every day**

Our team of specialists based in Salt Lake City are available 24 hours a day, providing you with the insight and tools you need to optimize your health accounts. Call us anytime:



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Nothing in this communication is intended as legal, tax, financial, medical or marital advice. Always consult a professional when making life changing decisions. For those participating in a flexible spending account or health reimbursement arrangement, in addition to restrictions imposed by law, your employer or plan sponsor may limit what expenses are eligible for reimbursements. It is the member's responsibility to ensure that expenses submitted are qualified under the law, and if applicable, your employer's plan.

FSA_20181012

FSA details

HOW IT WORKS:

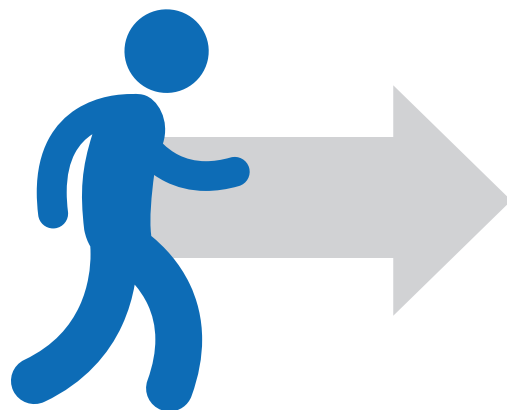
- 1 VISIT MEDICAL/DENTAL/VISION/RX PROVIDER**
Visit your provider and present your insurance ID card.
- 2 PROVIDER BILLS FOR SERVICES**
Your provider will send claims to your insurance company for processing or may bill you directly.
- 3 PAY YOUR PROVIDER**
HealthEquity provides two convenient methods to pay a provider:
 - Use your HealthEquity® Visa® Reimbursement Account Card*. If you don't have your card already, it will arrive in a separate mailing.
 - Pay online using the HealthEquity member portal or mobile app.
- 4 QUALIFY YOUR EXPENSE**
In some instances, you may be asked to provide an itemized receipt or explanation of benefits (EOB) to verify that an expense is eligible.

Your FSA
Account name:
Election amount:
End date to incur expenses:
End date to submit expenses:
Rollover:
Eligible expenses:

Please refer to your plan documents for complete details.

*HealthEquity Visa® Reimbursement Account Card is issued by the Bancorp Bank pursuant to a license from Visa U.S.A. Inc. The Bancorp Bank; Member FDIC.

FSADBIT_20140811



www.HealthEquity.com

Let's go!

END_20181030



15 West Scenic Pointe Drive
Draper, UT 84020



DEPENDENT CARE REIMBURSEMENT ACCOUNTS (DCRAS):

A tax-saving solution for
dependent care.

See back page for additional information on your plan.

Welcome!

Your dependent care reimbursement account (DCRA) has successfully been opened at HealthEquity. Your DCRA can be used to help pay for qualified dependent care and provides the following savings:

- DCRA funds deducted from payroll are pretax
- Funds used for qualified dependent care expenses are not taxed as income

As a reminder, to qualify for reimbursement, the dependent care must be essential for you and a spouse to work, look for work, or attend school full-time.

GET STARTED

Managing your account is easy! We provide the tools and resources needed to help you maximize your health savings. Log in to your account to check your balance, submit eligible claims and upload receipts or documentation:



HEALTHEQUITY MOBILE APP

Manage your account
on-the-go with
HealthEquity's free
mobile app

Available at:
iTunes App Store
Google Play

Expert friends

Helpful support for you,
available every hour of every day

Our team of specialists based in Salt Lake City are available 24 hours a day, providing you with the insight and tools you need to optimize your health accounts. Call us anytime:



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Nothing in this communication is intended as legal, tax, financial, medical or marital advice. Always consult a professional when making life changing decisions. For those participating in a flexible spending account or health reimbursement arrangement, in addition to restrictions imposed by law, your employer or plan sponsor may limit what expenses are eligible for reimbursements. It is the member's responsibility to ensure that expenses submitted are qualified under the law, and if applicable, your employer's plan.

DCRA details

HOW IT WORKS:

- 1 PAY DEPENDENT CARE COSTS OUT-OF-POCKET**
Be sure to obtain an itemized receipt for services provided.
- 2 SUBMIT CLAIM FOR REIMBURSEMENT**
Reimbursement forms can be accessed through the HealthEquity member portal. Recurring claims can be scheduled for the duration of the plan year.

REMEMBER: You can only access funds for reimbursement once they have been deducted through payroll and deposited in your account.

USE IT, OR LOSE IT:

DCRA funds do not roll over from year to year. You should use all of your DCRA dollars within the plan year or they may be forfeited. Some plans may allow for a grace period to use remaining funds.

NOTE: Sign up for electronic funds transfer (EFT) to get reimbursed sooner and to avoid the \$2.00 check fee for payments to members.

Your DCRA
Election amount:
End date to incur expenses:
End date to submit expenses:

Please refer to your plan documents for complete details.

DCRASELF_20150813



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Let's go!

END_20181030

HELPFUL TIPS

FOR USING YOUR CARD

How to use your card

- Refer to your plan design for a list of qualified medical expenses for you and your eligible dependents.²
- Use your card for services within the current plan year.
- Run your card as “credit”.

For prescriptions:

Swipe your card for the amount you owe for covered prescriptions at the point-of-sale.

For medical, dental and vision expenses (based on your plan design):

You may want to consider using your card only after you receive your EOB. The EOB tells you how much you owe the provider after the insurance plan has paid its portion, if any. Paying before you receive your EOB may result in overpayment, which will require you to reimburse the overpaid amount to your account.

CARD SUBSTANTIATION:

While your HealthEquity® Visa® Reimbursement Account Card¹ provides the convenience of not having to use out-of-pocket funds, you may still need to submit itemized bills if your merchant doesn't capture the information the IRS requires to substantiate, or validate a purchase at the point-of-sale.

Why we need to substantiate transactions

Transactions must be substantiated to ensure that the money is truly spent on qualified medical expenses. Occasionally, some merchants do not provide all of the information required by the IRS, so HealthEquity may request more information from you.

Submitting card substantiation

When submitting documentation, ensure the following information is shown on the itemized bill or Explanation of Benefits (EOB):



- Name of provider
- Service(s) provided
- Date(s) the service took place (documentation showing only the date paid or billing cannot be accepted)
- Amount patient is responsible to pay
- Patient name

Documentation that doesn't show all required information will not be substantiated and will require additional documentation. Substantiation can be submitted through the HealthEquity mobile app (once you activate your account through the HealthEquity website), on the member portal, mailing, faxing or email.

Know your balance

The card only works when it has a positive balance, so make sure you have sufficient funds in your account to cover an expense. To check your balance, sign into the mobile app, log into the member portal or contact HealthEquity using the number on the back of your card.

Letter of medical necessity

Some expenses are ineligible, unless prescribed by a doctor. In those cases, you need a letter from your medical provider detailing the service(s), medical need, treatment, and the treatment duration (not to exceed 12 months). A letter of medical necessity form is available on your member portal under Forms.

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Draper, UT 84020 | www.HealthEquity.com

¹This card is issued by The Bancorp Bank; member FDIC pursuant to a license from Visa U.S.A. Inc. Your card can be used everywhere Visa debit cards are accepted for qualified expenses. This card cannot be used at ATMs and you cannot get cash back, and cannot be used at gas stations, restaurants, or other establishments not health related. See Cardholder Agreement for complete usage restrictions.

²In addition to restrictions imposed by law, your employer may limit what expenses are eligible for reimbursements. It is the members' responsibility to ensure eligibility requirements as well as if they are eligible for the plan and expenses submitted.

Rules for (OTC) over-the-counter medications

As of January 1, 2020, you no longer need a prescription to use flexible spending account (FSA) or health reimbursement arrangement (HRA) funds to purchase over-the-counter drugs and medicines (Ibuprofen, Aspirin, etc.). (NOTE: FSA and HRA plans vary by employer, and these changes do not necessarily change the benefits under your employer's plan.)

You can purchase OTC medicine at the point-of-sale using your health account debit card. You can also pay for OTC medication out-of-pocket and submit a claim for reimbursement through the member portal or use the reimbursement form found on the portal under Docs & Forms.

Even though you no longer need a prescription to purchase OTC medication using health account funds, you may still need to submit supporting documentation to verify the funds were used only for qualified medical expenses. You can upload supporting documentation online in the member portal.

Questions?

Call the number on the back of your card. We're available every hour of every day.

Save all itemized bills

In the event that your transaction must be substantiated, you must provide an itemized bill.

Timing and communication of letter requesting substantiation

If substantiation is needed for your transaction, you will receive notification(s) asking you to send documentation to HealthEquity. If documentation is not submitted within 60 days of receiving your first request, you'll receive an additional request for documentation.

Timeframe of substantiation

The normal turnaround time for processing the documentation you submit to substantiate a card purchase is five business days.

Overpayment checks

When a transaction is deemed ineligible or an itemized bill isn't provided, a personal check for the amount of the ineligible expense may be required to reimburse the account.

Termination

If you retire or leave your company before the end of your plan year, stop using your card immediately and consult your employer's plan documents concerning terminated employees.

FAQs

Q Will I get a new card at the start of each plan year?

A No. Your current card will be reloaded with funding for the new plan year.

Q What if my debit card isn't accepted to make a payment?

A Submit a manual claim by simply uploading documentation to your member portal or through the mobile app. You can also download a reimbursement request form by logging in to the member portal.

Q Can my spouse or dependent(s) use the card?

A Yes. You can contact HealthEquity to order cards for your spouse or dependent(s).

Q What do I do if the card is accidentally used for ineligible expenses?

A Contact member services. You'll need to send an overpayment check to reimburse your account or submit another qualified expense to cover the ineligible amount.

Q What do I do if my card is lost or stolen?

A Call member services to deactivate your lost or stolen card and have a new one issued.

Q Should I send an itemized bill for claims I think will need substantiation?

A Yes. Upload itemized bills or other forms of documentation to the document library. Simply attach the document to the transaction and we will contact you if we need more information. You can also check the substantiation status of the card transaction(s) in your member portal.

Q How do I submit documentation?

A Upload and submit documentation through the portal or mobile app.

Q Can I send in claims for my card transactions?

A No. You've already used your account by paying with your card and cannot be reimbursed for the service.

HealthEquity®

15 West Scenic Pointe Drive
Draper, UT 84020

Your HealthEquity® Visa® Reimbursement Account Card is HERE

CONVENIENT ACCESS TO *your* account

Your card can be used everywhere Visa debit cards are accepted for qualified expenses that are allowable according to your plan details, such as the pharmacy counter or doctor's office. This card will not work at ATMs, gas stations, restaurants, or other establishments not health related and you cannot get cash back. See Cardholder Agreement for complete usage restrictions. Choose the "credit" option when swiping your card or enter a PIN to use as debit. To receive a personal identification number (PIN), call the number on the back of your card.

Remember:

- Review your plan details for a list of qualified medical expenses your debit card can be used for.
- Always save your itemized bills; you may need to submit them to HealthEquity.
- Know your balance: check your balance on your HealthEquity member portal or by contacting Member Services.

Download HealthEquity's mobile app* in the App Store® or Google Play™ to check and manage your account anytime, anywhere.

*Must activate account via HealthEquity website in order to utilize the HealthEquity mobile app.

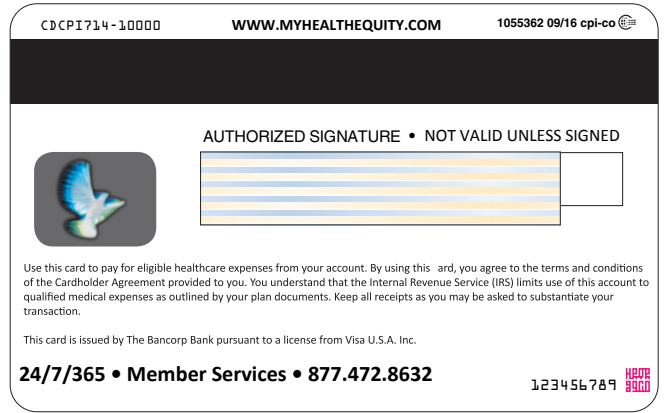
HealthEquity Visa Reimbursement Account Card is issued by The Bancorp Bank pursuant to a license from Visa U.S.A. Inc. The Bancorp Bank; Member FDIC.

Visit your member portal to access account information.

To log on to your HealthEquity member portal:

- Go to <URL>.
- If you have never logged on before, select that you are logging on for the first time. Please be prepared to enter your first and last name, your Social Security number, birth date, zip code of your current residence, and the last 4 digits from the above card. This information is used to identify you as the account holder.
- Type in your username and password. Your username is your account number or your registered email address.
- If you have any questions, call <PH#>. HealthEquity's Member Services team is available every hour of every day to assist you.

HealthEquity does not provide legal, tax or financial advice. Always consult a professional when making life changing decisions. It is the members' responsibility to ensure eligibility requirements as well as if they are eligible for the expenses submitted.



Fee Schedule

All fee amounts will be withdrawn from your Card Account and will be assessed as long as there is a remaining balance in your Card Account, except where prohibited by law. Any time your remaining balance is less than the fee amount being assessed, the balance in your Card Account will be applied to the fee amount resulting in zero balance.

Replacement Card Fee (Additional Debit Card):	First three (3) replacements provided at no cost; \$5.00 for each Card replaced after the 3rd if lost/stolen/damaged
Paper Statement Fee:	\$1.00 (per monthly statement requested)
Association Markup Fee:	1% (per transaction, of the posted transaction amount in U.S. Dollars)

Confidentiality

We may disclose information to third parties about the Card, Card Account, Plan or the transactions you make:

- (1) Where it is necessary for completing transactions;
- (2) In order to verify the existence and condition of the Card or Card Account for a third party, such as merchant;
- (3) In order to comply with government agency, court order, or other legal reporting requirements;
- (4) If you consent by giving us your written permission; or
- (5) To the Program Administrator, Plan Sponsor, our employees, auditors, affiliates, service providers, or attorneys as needed; or
- (6) Otherwise as necessary to fulfill our obligations under this Agreement.

Our Liability for Failure to Complete Transactions

If we do not properly complete a transaction initiated using the Card on time or in the correct amount according to this Agreement, we will be liable for your losses or damages. However, there are some exceptions. We will not be liable, for instance:

- (1) If through no fault of ours, you do not have enough funds available in your Card Account to complete the transaction;
- (2) If a merchant refuses to accept the Card;
- (3) If an electronic terminal where you are making a transaction does not operate properly, and you knew about the problem when you initiated the transaction;
- (4) If access to the Card has been blocked after you reported the Card lost or stolen;
- (5) If there is a hold or your funds are subject to legal or administrative process or other encumbrance restricting their use;
- (6) If we have reason to believe the requested transaction is unauthorized;
- (7) If circumstances beyond our control (such as fire, flood, or computer or communication failure) prevent the completion of the transaction, despite reasonable precautions that we have taken; or
- (8) Any other exception stated in our Agreement with you.

Your Liability for Unauthorized Transfers

Contact us at once if you believe the Card has been lost or stolen. Telephoning is the best way to minimize possible losses. If you believe the Card has been lost or stolen, or that someone has transferred or may transfer money from the Card Account without your permission, call the number listed on the back of your Card or the number listed at the end of the Agreement if your Card is not available. Under Visa Core Rules, your liability for unauthorized Visa debit transactions on your Card Account is \$0.00 if you are not grossly negligent or fraudulent in the handling of your Card. This reduced liability does not apply to certain commercial card transactions, transactions not processed by Visa, or to anonymous prepaid cards (until such time as the identity of the cardholder has been registered with us). You must notify us immediately of any unauthorized use.

If the Card has been lost or stolen, we will close the Card Account to keep losses down and will send a replacement card. There is a fee for replacing the Card. For information about the fee, see the section labeled “Fee Schedule.”

Other Miscellaneous Terms

The Card, the Card Account, and your obligations under this Agreement may not be assigned. We may transfer our rights under this Agreement. Use of the Card is subject to all applicable rules and customs of any clearinghouse or other association involved in transactions. We do not waive our rights by delaying or failing to exercise them at any time. If any provision of this Agreement shall be determined to be invalid or unenforceable under any rule, law, or regulation of any governmental agency, local, state, or federal, the validity or enforceability of any other provision of this Agreement shall not be affected. This Agreement will be governed by the law of the State of Delaware except to the extent governed by federal law.

Amendment and Cancellation

We may amend or change the terms and conditions of this Agreement at any time. You will be notified of any change in the manner provided by applicable law prior to the effective date of the change. However, if the change is made for security purposes, we can implement such change without prior notice. We may cancel or suspend the Card or this Agreement at any time. You may terminate this Agreement by calling the number on the back of the Card or the number listed in the section captioned “Customer Service” at the end of this Agreement, and tell the representative that you wish to terminate. Your cancellation of this Agreement will not affect any of our rights or your obligations arising under this Agreement prior to termination.

Information About Your Right to Dispute Transactions

In the case of a discrepancy or questions about the Card Account transaction(s), call the number listed on the back of your Card or the number listed in the section captioned “Customer Service” at the end of the Agreement if the Card is not available, or write to HealthEquity, Inc., 15 W Scenic Pointe Drive, Suite100, Draper, UT 84020, or email info@healthequity.com as soon as you can.

You must contact us no later than sixty (60) calendar days after we posted the transaction(s). You may request a written history of your transactions at any time by calling or writing as instructed above.

In case of a discrepancy or questions about the Card Account or Card transactions you will need to tell us:

- (1) Your name and HealthEquity Member ID.
- (2) A description of the transaction(s) including the date and dollar amount.
- (3) Why you believe there is a discrepancy.

If you provide this information orally, we may require that you send the details listed above in writing within sixty (60) calendar days after we posted the transaction(s) you are questioning. You agree to cooperate fully with our investigation and to provide any additional information or documentation we may need for the claim.

Once we have the required details, information, and/or documents, we will determine whether a discrepancy occurred. If we ask you to put details in writing and you do not provide them within sixty (60) calendar days of the date we posted the transaction(s) you are questioning, we may not be able to resolve the discrepancy in your favor.

We will tell you the results in writing after completing our investigation. If we determine a discrepancy occurred we will correct the discrepancy promptly and credit the Card Account. If we decide there was no discrepancy, we will send you a written explanation.

English Language Controls

Any translation of this Agreement is provided for your convenience. The meanings of terms, conditions and representations herein are subject to definitions and interpretations in the English language. Any translation provided may not accurately represent the information in the original English.

Customer Service

For customer service or additional information regarding your Card or Card Account, please contact the Program Administrator at:

HealthEquity, Inc.
15 W Scenic Pointe Drive, Suite 100
Draper, UT 84020
877.472.8632

Customer Service agents are available every hour of every day.

Telephone Monitoring/Recording

From time to time the Program Administrator may monitor and /or record telephone calls between you and us to assure the quality of our customer service or as required by applicable law.

This Cardholder Agreement is effective 10/2017

Cardholder Agreement

IMPORTANT – PLEASE READ CAREFULLY

Terms and Conditions/Definitions for the Visa® Reimbursement Account Card

This Cardholder Agreement (“Agreement”) outlines the terms and conditions under which the Visa Reimbursement Account Card (“Card”) has been issued to you by The Bancorp Bank, Member FDIC, Wilmington, Delaware. The Card allows you to access funds which are made available to you by your employer (“Employer” or “Plan Sponsor”) in connection with certain employee benefit plans (each, a “Plan”) funded by your Employer and administered by HealthEquity, Inc. (“Program Administrator”). “Card Account” means the records we maintain to account for the value of claims associated with the Card as defined by the Plan. “Cardholder”, “you”, and “your” mean the person or persons who have received the Card and are authorized to use the Card as provided for in this Agreement. “Issuer”, “we”, “us”, and “our” mean The Bancorp Bank or its depository institution affiliate, our successors, affiliates or assignees.

This Agreement governs the relationship between you and us regarding the Card, and our services related to the Card. By accepting, activating, and/or using the Card, you agree to be bound by this Agreement. Your Plan, and the eligibility requirements and restrictions applicable thereto, are governed by other documents provided by the Employer or Plan Sponsor. The Bancorp Bank is not a party to the Plan documents. The Bancorp Bank is not a fiduciary or custodian with respect to the Plan and is not responsible for its administration.

You acknowledge and agree that the amount accessible using the Card is limited to the amount available in your Plan. You agree to sign the back of the Card immediately upon receipt. The expiration date of the Card is identified on the front of your Card. The Card is a prepaid card. The Card is not connected in any way to any other account beyond the associated Plan. The Card is not a credit card. The Card is not for resale. You will not receive any interest in connection with the possession or use of the Card. The Card will remain the property of the Issuer and must be surrendered or destroyed upon demand. The Card is nontransferable and it may be canceled, repossessed, or revoked by the Issuer at any time without prior notice subject to applicable law. The Card is not designed for business use, and we may close the Card if we determine that it is being used for business purposes. We may refuse to process any transaction that we believe may violate the terms of this Agreement.

Our “business days” are Monday through Friday, excluding federal holidays, even if we are open. Any references to “days” in this Agreement are calendar days unless indicated otherwise. Write down the Card number and the customer service phone number provided in this Agreement on a separate piece of paper in case the Card is lost, stolen, or destroyed. Please read this Agreement carefully and keep it for future reference.

Activate the Card

You must activate the Card before it can be used. You may activate the Card by calling 1 (866) 960-8025. You will need to provide personal information in order to verify your identity.

Personal Identification Number

You may request to receive a Personal Identification Number (“PIN”) with the Card. To request a PIN, call the number on the back of the Card. Once you receive your requested PIN, do not write or keep your PIN with the Card or Card number. Never share your PIN with anyone. When entering your PIN, be sure it cannot be observed by others and do not enter your PIN into any terminal that appears to be modified or suspicious. If you believe that anyone has gained unauthorized access to your Card number or PIN, you should advise us immediately following the procedures in the paragraph labeled “Your Liability for Unauthorized Transfers.”

Authorized Card Users

You are responsible for all authorized transactions initiated and fees incurred by use of your Card. If you permit another person to have access to the Card or Card number or PIN, we will treat this as if you have authorized such use and you will be liable for all transactions and fees incurred by those persons. You are wholly responsible for the use of each Card in accordance with this Agreement.

Additional Card

You may request an additional Card for another person (“Additional Card”). The maximum number of Additional Cards permitted is one (1). You must notify us to revoke permission for any person you previously authorized to use the Card or the Additional Card. If you notify us to revoke another person’s use of the Card or the Additional Card, we may revoke the Card or the Additional Card and issue a new Card with a different number. You remain liable for any and all usage of an Additional Card you authorize.

Your Representations and Warranties

By activating the Card or by retaining, using or authorizing the use of the Card, you represent and warrant to us that: (i) you are at least 18 years of age (or older if you reside in a state where the majority age is older); (ii) you are a U.S. citizen or legal alien residing in the fifty (50) states of the United States (“U.S.”) or the District of Columbia; (iii) you have provided us with a verifiable U.S. street address (not a P.O. Box); (iv) the personal information that you provide to us in connection with the Card is true, correct and complete; (v) you received a copy of this Agreement and agree to be bound by and to comply with its terms; and (vi) you accept the Card.

Cash Access

You may not use the Card to obtain cash from an Automated Teller Machine (“ATM”), Point-of-Sale (“POS”) device, or by any other means. You may not use the Card at an ATM.

Available Funds

You may not load funds to the Card. Only your Employer or Plan Sponsor may add funds to the Plan. Once posted, you will have access to funds immediately.

Using Your Card/Features

The maximum amount that can be spent using the Card per day is \$5,000.00. The maximum value accessible through the use of the Card is restricted to \$10,000.00.

Transaction Type	Frequency and/or Dollar Limits
Card Purchases (Signature or PIN)	No limit to the number of times per day, \$5,000.00 per transaction, up to \$5,000.00 per day

You may use the Card to purchase certain expenses (“Qualified Expenditures”) everywhere Visa® debit cards or NYCE® cards are accepted as defined under the terms of the Plan, as separately communicated in your Plan documents distributed by your Employer or Plan Administrator. The Card may not be accepted at a merchant if we cannot verify that the Card is being used for Qualified Expenditures. Use of the Card for any other purpose is considered a “Non-Qualified Expenditure”. Each time you present the Card, you represent that the transaction is a Qualified Expenditure that is not reimbursable from any other source.

If you use the Card for any purpose other than a Qualified Expenditure, you may be subject to taxes, penalties, fines or surcharges according to applicable federal and state law. Your Employer, the Plan Administrator, the Internal Revenue Service (“IRS”) defines what constitutes a Qualified Expenditure. We have no responsibility to make such determination. If you use the Card for Non-Qualified Expenditures, you promise to indemnify us and hold us harmless for any penalties or other consequences that may occur as a result of such use. If you use, continue to use or attempt to use the Card for Non-Qualified Expenditures, you may be assessed a penalty and/or your Card may be revoked. You agree to reimburse your Plan for Non-Qualified Expenditures in accordance with the Plan’s terms. To the extent that you fail to reimburse your Plan, you authorize your Employer to collect from you personally, or withhold such Non-Qualified Expenditures, including taxes, penalties, fines or surcharges, from your payroll to the extent permitted by law.

Some merchants do not allow Cardholders to conduct split transactions, wherein you would use the Card for a partial payment for goods and services and pay the remainder of the balance with another form of legal tender. If you wish to conduct a split transaction and it is permitted by the merchant, you must tell the merchant to charge only the exact amount of funds available on the Card to the Card. You must then arrange to pay the difference using another payment method. Some merchants may require payment for the remaining balance in cash. If you fail to inform the merchant that you would like to complete a split transaction prior to swiping your Card, your Card will likely be declined.

You do not have the right to stop payment on any purchase or payment transaction originated by use of your Card. You may not make preauthorized regular payments from your Card Account. If you authorize a transaction and then fail to make a purchase of that item as planned, the approval may result in a hold for that amount of funds for up to thirty (30) days.

Any preauthorization amount will place a “hold” on your available funds until the merchant sends us the final payment amount of your purchase. Once the final payment amount is received, the preauthorization amount on hold will be removed. It may take up to five (5) days for the hold to be removed. During the hold period, you will not have access to the preauthorized amount.

If you use the Card number without presenting the Card (such as for a mail order, telephone, or Internet purchase), the legal effect will be the same as if you used the Card itself. For security reasons, we may limit the amount or number of transactions you can make with the Card. The Card cannot be redeemed for cash. You may not use the Card for illegal gambling or any other illegal transaction.

Each time you use the Card, you authorize us to reduce the value available in your Card Account by the amount of the transaction and any applicable fees. You are not allowed to exceed the available balance in your Card Account through an individual transaction or a series of transactions. Nevertheless, if a transaction exceeds the balance of the funds available, you shall remain fully liable to us for the amount of the transaction and any applicable fees.

Non-Visa Debit Transactions

Procedures are in effect that may impact you when you use the Card at certain merchant locations. In the past, transactions have been processed as Visa debit transactions unless you entered a PIN. If you do not enter a PIN, transactions may be processed as either a Visa debit transaction or NYCE card transaction.

Merchants are responsible for and must provide you with a clear way of choosing to make a Visa debit transaction if they support the option. Please be advised that should you choose to use the NYCE card network when making a transaction without a PIN, different terms may apply. Certain protections and rights applicable only to Visa debit transactions as described in this Agreement will not apply to transactions processed on the NYCE card network. Please refer to the paragraph labeled “Your Liability for Unauthorized Transfers” for a description of these rights and protections applicable to Visa debit and non-Visa debit transactions.

To initiate a Visa debit transaction at the POS, swipe the Card through a POS terminal, sign the receipt, or provide the Card number for a mail order, telephone, or Internet purchase. To initiate a non-Visa debit transaction at the POS, enter your PIN at the POS terminal or provide the Card number after clearly indicating a preference to route your transaction as a non-Visa debit transaction for certain bill payment, mail order, telephone, or Internet purchases.

Returns and Refunds

If you are entitled to a refund for any reason for goods or services obtained with the Card, you agree to accept credits to the Card Account for such refunds and agree to the refund policy of that merchant. The Issuer, Employer, Plan Sponsor, and Program Administrator are not responsible for the delivery, quality, safety, legality or any other aspects of goods or services that you purchase from others with a Card. All such disputes must be addressed and handled directly with the merchant from whom the goods and services were provided.

Card Replacement

If you need to replace the Card for any reason, please contact the Program Administrator at the number on the back of the Card to request a replacement Card. You will be required to provide personal information which may include the Card number, full name, transaction history, etc. There is a fee for replacing the Card, see the section below labeled “Fee Schedule”.

Card Expiration

Unless cancelled, the Card will expire on the last day of the expiration date printed on the front of it; however, your ability to use the Card may end sooner than the Card expiration date depending on the status of your account. A replacement for the expiring Card may be automatically mailed to you depending on the status of your account.

Charges Made In Foreign Currencies

If you make a purchase in a currency other than the currency in which your Card was issued, the amount deducted from your funds will be converted by Visa into an amount in the currency of your Card. The exchange rate between the transaction currency and the billing currency used for processing international transactions is a rate selected by Visa from the range of rates available in wholesale currency markets for the applicable central processing date, which may vary from the rate Visa itself receives or the government-mandated rate in effect for the applicable central processing date. If you obtain make a purchase in a currency other than the currency in which your Card was issued, the Issuer may assess a foreign currency conversion fee of 1% of the transaction amount (see “Association Markup Fee” in the Fee Schedule below) and will retain this amount as compensation for its services. Transactions made outside of the fifty (50) state of the U.S. and the District of Columbia are subject to this conversion fee even if they are completed in U.S. currency.

Receipts

You should get a receipt at the time you make a transaction using your Card. You agree to retain, verify, and reconcile your transactions and receipts.

Card Account Balance/Periodic Statements

You are responsible for keeping track of your Card Account balance. Merchants generally will not be able to determine your available balance. It’s important to know your available balance before making any transaction. You may view your available balance by accessing your Card Account online or by calling the number on the back of the Card. Statements in electronic format will be made available free of charge on the HealthEquity Member Portal listed on the back of your Card during each month in which a transaction occurs. You will not automatically receive paper statements. You may choose to have a paper statement mailed to you by contacting us at the number on the back of the Card. However there is a fee for this service, see the section below labeled “Fee Schedule”.

Nondiscrimination Notice and Access to Communication Services

HealthEquity, Inc.'s ("HealthEquity") primary purpose is to provide non-health services to holders of health savings accounts. In addition to these services, HealthEquity provides services to, and on behalf of, health plans.

HealthEquity, and if applicable, your plan, do not exclude people or treat them unfairly because of sex, age, race, color, national origin, or disability.

Free services are available to help you communicate with us and with your health plan, including providing letters in other languages or in other formats, such as large print. If you need help, please call the toll-free number on your benefits card. For language assistance on your call, simply ask for an interpreter.

If you think you were not treated fairly because of your sex, age, race, color, national origin, or disability, you can send a complaint to:

HealthEquity, Inc.
Attention: Director of regulatory services
15 W. Scenic Pointe Dr.
Draper, UT 84020
Fax: (801) 206-3895
Email: RegulatoryServices@HealthEquity.com

Upon receiving your complaint, we will work with your health plan to address your concerns.

If you need help with your complaint, please call the toll-free number on your member ID card. You must send the complaint within 60 calendar days of when you found out about the issue.

You can also file a complaint with the United States Department of Health and Human Services online <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Phone: Toll-free 1-800-368-1019, 800-537-7697 (TDD)

Mail: U.S. Dept. of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201

Language Assistance Services

ATTENTION: If you speak English, language assistance services are available to you free of charge. Please call the phone number listed on your benefit debit card.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.

Llame al número de teléfono que aparece en su tarjeta de débito de beneficios.

注意: 如果您说中文, 将为您免费提供语言协助服务。请致电优惠借记卡上列示的电话号码。

LƯU Ý: Nếu bạn nói Tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ luôn có sẵn cho bạn sử dụng miễn phí. Vui lòng gọi số điện thoại được ghi trên thẻ ghi nợ của bạn.

주의: 한국어를 사용하신다면, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 혜택 직불 카드에 나열된 전화 번호로 전화를 주십시오.

ATENSYON: Kung nagsasalita ka ng Tagalog may libreng tulong para sa wika. Mangyaring tawagan ang numero ng teleponong nakalista sa iyong benefit debit card.

ВНИМАНИЕ! Если вы говорите по-русски, помощь переводчика будет предоставлена бесплатно.

Позвоните по номеру телефона, указанному на вашей дебетной карте.

تنبيه: إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية مجاناً. يرجى الاتصال برقم الهاتف المذكور على بطاقة خصم الفائدة الخاص بك.

Atansyon: Si ou pale kreyòl ayisyen, sèvis asistans lang yo disponib pou ou san peye. Tanpri rele nimewo telefòn ki nan kat debi fidelite ou a.

IMPORTANT : si vous parlez français, des services d'assistance linguistique sont à votre disposition sans frais. Appelez le numéro de téléphone indiqué sur votre carte d'assurance maladie.

UWAGA! Zapewniamy bezpłatne usługi językowe dla osób, którzy mówią po polsku. Prosimy dzwonić pod numer telefonu podany na karcie depozytowej.

ATENÇÃO: se falar português, os serviços de assistência linguística estão disponíveis gratuitamente. Contacte o número indicado no seu cartão de débito de benefícios.

ATTENZIONE: Se parli Italiano, il servizio assistenza è gratuito. Puoi chiamare il numero indicato nella garanzia.

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。保険給付用デビットカードに記載されている電話番号までお電話にてご連絡ください。

ACHTUNG: Falls Sie Deutsch sprechen, steht Ihnen eine Sprechunterstützung kostenlos zur Verfügung. Bitte rufen Sie die Telefonnummer an, die auf Ihrer Vorteile-Kundenkarte aufgeführt ist.

توجه: اگر به زبان فارسی صحبت میکنید، خدمات و کمکهای زبانی به صورت رایگان به شما ارائه میگردد. لطفاً با شماره تلفن مندرج روی کارت دبیته مزایای خود تماس بگیرید.

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपको मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। कृपया अपने बनेफिट डेबिट कार्ड पर दिए गए फोन नंबर पर कॉल करें।

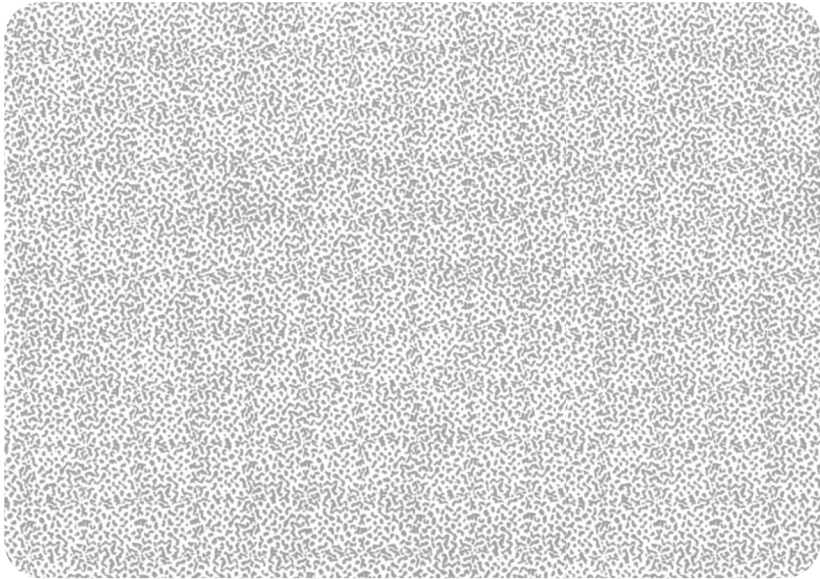
ध्यान आपो: જો તમે ગુજરાતી બોલતા છો, તો આપને માટે ભાષા સહાય સેવાઓ વિના મૂલ્યે ઉપલબ્ધ છે. આપના બેનિફિટ ડેબિટ કાર્ડ પર લખેલા ફોન નંબર પર કોલ કરો.

ជូនដំណឹង: ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ សេវាជំនួយភាសាគឺអាចរកបានសម្រាប់អ្នកដោយឥតគិតថ្លៃ។ សូមហៅទៅលេខទូរស័ព្ទដែលមានរាយនៅលើប័ណ្ណគណនេយ្យអត្ថប្រយោជន៍របស់អ្នក។

โปรดทราบ: หากท่านพูดภาษาไทย บริการผู้ช่วยด้านภาษาพร้อมให้บริการท่านฟรี โปรดติดต่อหมายเลขโทรศัพท์ตามรายการบนบัตรเดบิตสิทธิประโยชน์ของท่าน

HUBADHU: Yoo afaan oromoo kan dubbattu ta'e gargaarsi tajaajilawwan afaanii kaffaltii irraa bilisaa ni jira. Maaloo lakkoosa bililaa kaardii liqii faayidaa keetii irra jiruun. bilibili.

ໝາຍເຫດ: ຖ້າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາແມ່ນມີໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ. ກະລຸນາໃຫ້ທ່ານເວົ້າພາສາລາວສຳລັບໃບບັດເດບິດເງິນຊົ່ວຄອດຂອງທ່ານ.



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