

GUIDE TO CONTRIBUTION BASED FUNDING AND REPORTING



Table of Contents

Click the section headings to be brought directly to that section of the guide. **Please note:** Certain sections of this guide may not apply to your plan type or chosen plan design.

CONTRIBUTION BASED FUNDING – FSA, COMMUTER ACCOUNTS & HRA	2
HSA CONTRIBUTION FUNDING	3
FSA, COMMUTER ACCOUNT & HRA REPORTS	5
HSA REPORTS	11

CONTRIBUTION BASED FUNDING – FSA, COMMUTER ACCOUNTS & HRA

The Contribution Based Funding arrangement is a method where the employer sends participant contributions that have been withheld from their paychecks and/or employer contributions (if applicable) to Aptia. Funds can be sent by wire or ACH. ACH is our preferred method. This funding method requires a reserve to ensure there are adequate funds at the beginning of the plan year to reimburse participants.

- **FSA Reserve:** The reserve is calculated by taking 20% of the full annual elections. The threshold is calculated by taking 15% of the full annual elections.
- **Commuter Accounts Reserve:** The reserve is calculated by taking 10% of the total benefit eligible employees multiplied by \$255.00.
- **HRA Reserve:** The reserve is calculated by taking 20% of the full annual elections. The threshold is calculated by taking 15% of the full annual elections.

Aptia will email an invoice requesting the reserve funds prior to plan setup. This reserve is in addition to the scheduled payroll contributions that will be sent throughout the plan year.

Please note:

- Plan setup will not begin until reserve funds are received and processed. An ACH for the reserve is recommended.
- Aptia will send an invoice for the initial reserve. After that, invoices will not be sent to collect participant or employer contributions. Employers are responsible for sending adequate funds to keep the account active.
 - If available funds fall below the designated threshold amount and are not sufficient to reimburse claims, Aptia will request additional funds from the employer.
 - If funds are not received in a timely manner, claim reimbursements and debit cards (if applicable) will be placed on hold until adequate funds are received from the employer.
 - If pending claims exceed the amount of funds available, additional funds will be required. After adequate funds have been provided, it takes three business days for debit card functionality to be restored.

Methods for Contribution Submission

The payroll contributions and/or employer contributions (if applicable) may be sent to Aptia by utilizing one of the following methods:

ACH (Preferred Method)

The employer may ACH the total funds reflected on the Contribution File to Aptia.

Bank Name/Address	Bell Bank 3100 13 th Ave South, Fargo ND, 58103
ABA Number	091310521
Account Number	600033211
Name on Account	WEX Health, Inc. (Aptia)
Message	Reserve Payment for Employer name and GPID

Guide to Contribution Based Funding and Reporting, continued

Wire

The employer may wire the total funds reflected on the Contribution File to Aptia.

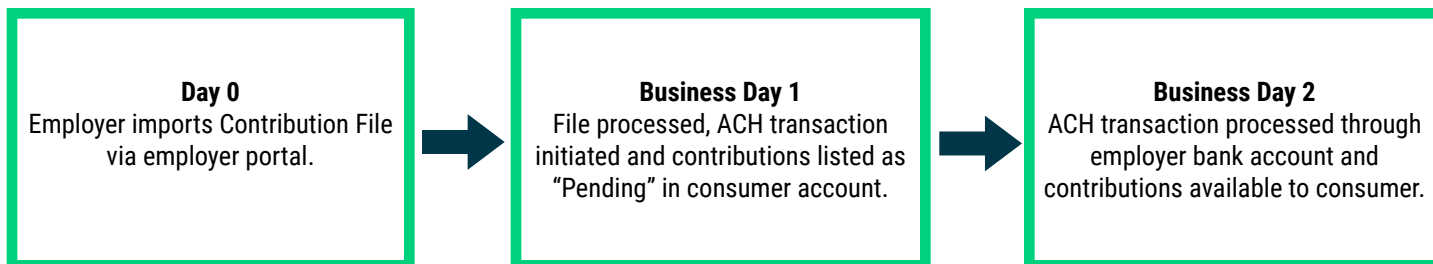
Bank Name/Address	Bell Bank 3100 13 th Ave South, Fargo ND, 58103
ABA Number	091310521
Credit	BSBT of Fargo #600033211
Beneficiary	WEX Health, Inc. in COOP with Aptia
Further Credit to:	Reserve Payment for Employer name and GPID

Contribution Based Funding Reports Summary

- 1. Employer Funding Report:** Summarizes participants' monthly claim reimbursements and debit card transactions. This report is generated monthly, regardless of activity. A monthly email will be sent to the employer to notify them that the report has been generated and is available on the employer portal.
- 2. Account Balance Detail Report:** Encompasses each participant's election, claims paid, deposits and available balance. This report is provided the first of each month and on demand.
- 3. Enrollment Report:** Includes data regarding participants' annual elections, employer contributions (if applicable) and payroll contribution amounts. This report is provided the first of each month and on demand.
- 4. Payment History Report:** Summarizes the amount Aptia issued in checks, direct deposits and debit card transactions (if applicable) for the previous month. This report is available on demand.

HSA CONTRIBUTION FUNDING

Our HSA funding method is a contribution based arrangement where participant and employer (if applicable) contribution amounts are imported via the Contribution File and then debited via ACH from the employer's checking or savings account. Funds are withdrawn and applied to the consumer's balance within two business days of the contribution date indicated on file or file import date – the latter of the two.



Once the Contribution File is imported, you will receive an email notification confirming the file reception. Included in the email notification will be indications of any failed fields during the import. You will have the ability to view the errors and make any necessary corrections through the employer portal.

Please Note:

If multiple files containing the same contribution date and same participants are imported on the same date, the latter file will override any files imported earlier, and the ACH withdrawal will include the corrections. If another file containing the same contribution date and same participants is imported the following day, the file will error. When the file is successfully corrected, this will result in separate ACH withdrawals for each day.

File Import Illustrations

- The contribution date listed on file is Friday, 06/01, and the file is imported on Friday, 06/01. HSA contributions will be pending on the consumer portal on 06/04 and will post to participants' accounts on Tuesday, 06/05, by 2 P.M. CT.
- The contribution date listed on file is Friday, 06/01, and the file is imported on Wednesday, 05/30. HSA contributions will be pending on the consumer portal on 06/01 and will post to participants' accounts on Monday, 06/04, by 2 P.M. CT.
- The contribution date listed on file is Wednesday, 05/30, and the file is imported on Wednesday, 05/30. HSA contributions will be pending on consumer portal on 05/31 and will post to participants' accounts on 06/01, by 2 P.M. CT.

Guide to Contribution Based Funding and Reporting, continued

The designated ACH contact(s) will receive an email notification 24 hours before funds are settled with their bank. The notification will direct them to review a report on the employer portal that indicates the dollar amount that will be directly debited from the employer's bank account to cover the HSA contributions. If the employer and participant contributions are on different dates, the employer will receive a separate notification for each.

Pending Accounts

All HSA participant accounts are put into a "Pending" status due to needed demographic verification (USA PATRIOT Act). To move participant accounts to an "Active" status, Aptia will verify the participant's information against a government database. If we are unable to confirm the demographic information against the government database of participants who are in a "Pending" status, their account will then remain in a "Pending" status.

Once we have received and processed the needed information, the individual's HSA will become active and they will have access to their contributions. If resolution for the pending account is not made within 60 to 90 days from the enrollment date, the pending participant's HSA account will be closed. If an HSA account becomes closed, it will be the employer's responsibility to reimburse the participant any payroll deductions that have been withheld.

The employer will receive an ACH for posted contributions to a pending HSA that has been closed.

HSA Contribution Funding Reports Summary

- 1. HSA Plan Funding Collection Notification:** Activity based report that includes the amount the employer will fund for payroll and employer contributions. The report includes the transaction effective date and the last four digits of the bank account receiving the debit.
- 2. HSA Account Detail Report:** Monthly report that provides the contribution detail for the given report range or year to date. Reports consumers that have had a contribution for the report range or year to date data.
- 3. HSA Account Detail Report Summary Report:** Monthly report that provides aggregate contributions for prior and current tax year. Will report all consumers for the report range or year to date data.
- 4. HSA Employer Summary Report:** Provides aggregate monthly HSA statistics and balances. Includes average account balance, distributions and contributions. Scheduled report on a monthly basis.
- 5. Closed HSA Report:** Monthly report that shows all the individuals who have closed their HSA in the prior month.
- 6. Re-Opened HSA Report:** Monthly report that shows a list of individuals whose HSAs were previously closed but have been re-opened in the prior month.
- 7. Open Ended HSA Imported Contribution Report:** Displays a count of all the HSA contributions in a file, number of contributions processed and any errors or warnings that occurred. This report will show total contribution records in a file minus any unrecognized records. If there are any unrecognizable records that were received on the file, this report will include these records as well.

FSA, COMMUTER ACCOUNT & HRA REPORTS

Aptia understands the importance of providing reporting and ACH notifications (if applicable) in a timely manner. There are a number of reports available through the employer portal to assist with items such as reconciliation and overall awareness of account activity. The employer has the opportunity to view reports on demand and reports that are automatically generated on a regular basis. Access to the employer portal is designated by the employer.

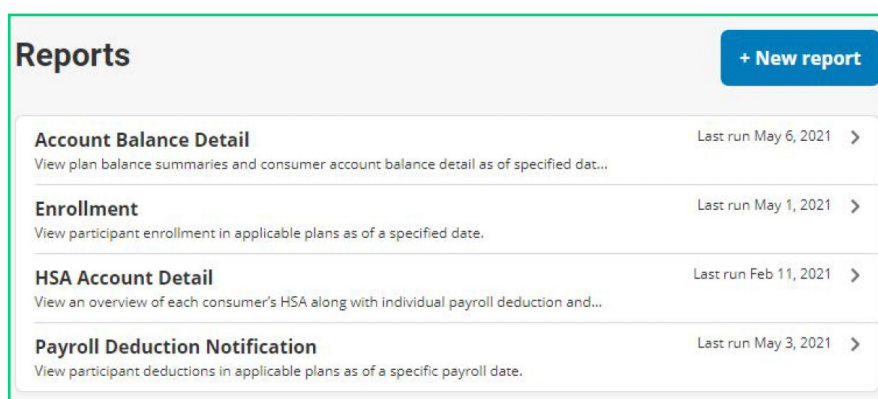
On Demand Reporting – FSA, Commuter Accounts & HRA

The employer has the ability to run updated Account Balance Detail, Enrollment and Payment History Reports on demand through the employer portal. The Account Balance Detail Report and Enrollment Report are also provided at the beginning of each month. Follow the steps below to run an updated report on demand.

Step 1: Log in to LEAP.

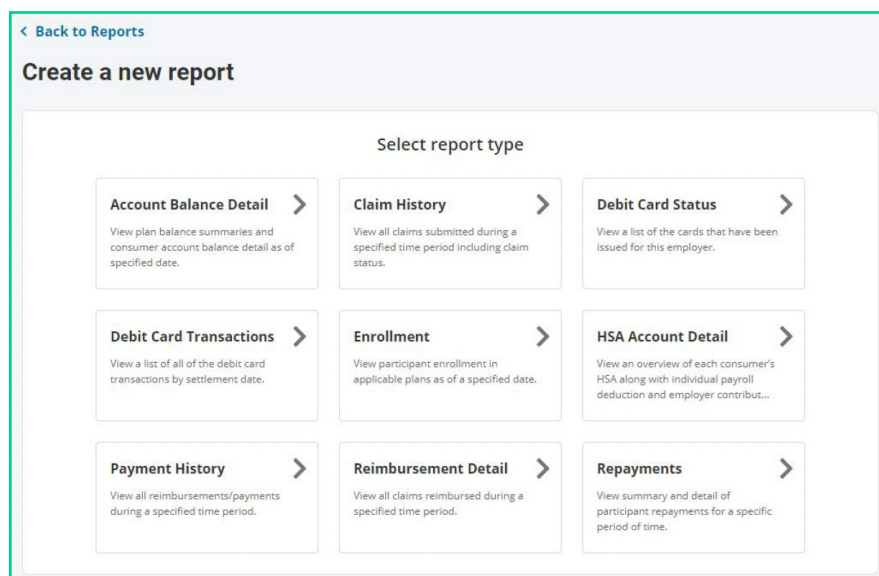
Step 2: Select the Reports tab and the following page will populate:

- **Please note:** Additional reports will be listed and can be viewed as they are made available.



Step 3: Select +New report.

Step 4: Select the report type.



Step 5: Complete the fields on the Report Details page and click Request. See the applicable details below to ensure the report is run correctly. **Please note:** Reports may take up to 24 hours to process. Check the "Email me when the report is available" box to receive an email with a direct link to the report when it is ready to be viewed.

Guide to Contribution Based Funding and Reporting, continued

Account Balance Detail Report

ADDITIONAL DETAILS:

- **As Of:** Report will include data from the date entered here and before. Any information after this date will not be included.
- **Plan Year:** Commuter plans will appear as “TSA Plan.”
- **Report Detail Level:** Select “Detail” if you would like participant names included on the report. Select “De-identified Detail” if you would like participant names omitted from the report.
- **Include Cash Balance Detail:** If checked, report will include a cash balance column that is calculated by subtracting paid claims and pending repayments from participant deposits.

Enrollment Report

ADDITIONAL DETAILS:

- **Report Format:** Select the format you prefer the report to be generated in. DataFile is a basic report that only includes the essential information without additional formatting and details.
- **As Of:** Report will include data from the date entered here and before. To see enrollments for a future effective date, the “As Of” date must be on or after the participant’s enrollment effective date. A future date is most commonly used during open enrollment.
- **Plan Year:** Commuter plans will appear as “TSA Plan.”
- **Report Detail Level:** Select “Detail” to include participant names. Select “De-identified Detail” to omit participant names. Select “De-identified Summary” to get an overall summary of all elections without any participant-specific information.
- Additional information includes employer name, participant addresses, payroll frequencies and more.

Payment History Report

ADDITIONAL DETAILS:

- **Report Format:** Select the format you prefer the report to be generated in. DataFile is a basic report that only includes the essential information without additional formatting and details.
- **Start Date and End Date:** Report will include payments made on and in between the dates provided.
- **Payment Type:** Select which participant reimbursement method you would like included on the report.
- **Report Detail Level:** Select “Detail” to include participant names. Select “De-identified Detail” to omit participant names. Select “De-identified Summary” to get an overall summary of all elections without any participant-specific information.

Step 6: After you click [Request](#), a notification will appear confirming the report was successfully requested.

Step 7: To check the status of or view the report, click the Reports tab and then click the heading of the report type you are looking for. Next, select the name of the newly created report to open it. If the Date/Time Created column says “In Progress,” the report cannot be opened yet and will be available within 24 hours of the initial request.

- If you selected “Email me when the report is available,” the email will contain a link that allows you to open the report directly from your email.

Reports – FSA, Commuter Accounts & HRA

The Reports tab on the portal shows a complete list of summaries related to the employer’s benefit plan(s). The homepage will also reflect the most recently created reports. Below is a list of the most common reports. If you have specific reporting needs, contact Aptia to determine which reports are right for you.

Employer Funding Report

An email will be sent to the employer to notify them that the report has been generated and is available on the employer portal. For Contribution Based Funding, this report provides details on all claim activity that took place throughout the month.

Guide to Contribution Based Funding and Reporting, continued

Contribution Based Funding Sheet 1

Sample Employer Employer Funding Report		1/1/20xx - 1/31/20xx	The Employer Funding Report provides details on all claim activity that took place throughout the month. This report encompasses claim reimbursements and debit card transactions.
SUMMARY			
SUMMARY BY TRANSACTION TYPES			
Check Reimbursements		\$40.00	
Direct Deposit Reimbursements		\$100.00	
Debit Card Reimbursements	The report lists out the transactions by type as well as by plan. The "Total by Transaction Types" outlines the total monthly transactions.	\$50.00	
Employee Funding Adjustments		(\$3.00)	
Total by Transaction Types		\$187.00	
SUMMARY BY PLAN			
TSA Plan			
Transportation		\$100.00	
Parking		\$40.00	
TSA Plan Total		\$140.00	
01/01/20xx-12/31/20xx			
Health FSA 01/01/20xx-12/31/20xx		\$47.00	
01/01/2014-12/31/2014 Total		\$47.00	
Total by Plan		\$187.00	

Contribution Based Funding Sheet 2

Type	Identifier	Employee Last Name	Employee First Name	Plan	Plan Year	Division	Amount	Method	Source Code	Check/Payment Number	Contribution Date	Effective Date	Status	Notes
EMPLOYEE FUNDING ADJUSTMENT	1234	Sample	Ariel	Health FSA 01/01/2014-12/31/2014	01/01/2014-12/31/2014	Unassigned	(\$3.00)	DC	DC		N/A	1/27/2014	Refund	N/A
REIMBURSEMENT	2345	Test	Maurice	Health FSA 01/01/2014-12/31/2014	TSA Plan	Unassigned	\$50.00	DC	DC	123456	N/A	1/27/2014	N/A	N/A
REIMBURSEMENT	9876	Example	Christopher	Transportation	TSA Plan	Unassigned	\$100.00	DD	CR	348965	N/A	1/28/2014	N/A	N/A
REIMBURSEMENT	6789	Sample	Heidi	Parking	TSA Plan	Unassigned	\$40.00	Check	CR	654877	N/A	1/13/2014	N/A	N/A

Account Balance Detail Report – Available on the 1st of Each Month and On Demand

This report is designed to be an overall snapshot of your employee accounts for a specified plan year, including employee's election, claims paid, deposits and available balance. Pending repayment for ineligible claims are not reported.

Summary

Sample Company Account Balance Detail Report											
As Of 4/9/20XX											
Plan Year: 01/01/20XX-12/31/20XX											
Plan	Participants	Election	Paid*	Refunds	Pending	Pending Repayments	Debit Card Preauthorizations	Participant Deposits	Plan Year Balance	Available Balance	Cash Balance
Limited Medical FSA 01/01/20XX-12/31/20XX	2	\$3,150.00	(\$836.87)	\$0.00	\$0.00	\$2,063.13	\$0.00	\$787.50	N/A	\$250.00	(\$2,112.50)
Medical FSA 01/01/20XX-12/31/20XX	4	\$5,220.00	(\$597.35)	\$0.00	\$0.00	\$0.00	(\$30.05)	\$1,305.06	N/A	\$4,592.60	\$707.71
Dependent Care FSA 01/01/20XX-12/31/20XX	2	\$9,000.00	(\$2,070.48)	\$0.00	(\$3,750.02)	\$0.00	\$0.00	\$2,250.00	N/A	\$179.52	\$179.52
Grand Totals:	8	\$17,370.00	(\$3,504.70)	\$0.00	(\$3,750.02)	\$2,063.13	(\$30.05)	\$4,342.56	\$0.00	\$5,022.12	(\$1,225.27)

* Paid amounts are based on the date the payment is generated not the effective date of the payment.

** Descriptions of each column listed on broken down reporting on sheet two.

Guide to Contribution Based Funding and Reporting, continued

Detail

Plan: Medical FSA		Plan Year	Plan	Last Name	First Name	Election Effective Date	Election	Paid*	Refunds	Pending	Pending Repayments	Debit Card Preauthorizations	Participant Deposits	Available Balance	Cash Balance
01/01/20XX-12/31/20XX	Medical FSA	Sample	Name	1/1/20XX	\$1,000.00	(\$95.56)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$250.02	\$904.44	\$154.46
01/01/20XX-12/31/20XX	Medical FSA	Sample	Name	1/1/20XX	\$2,500.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	(\$20.05)	\$625.02	\$2,479.95	\$625.02	
01/01/20XX-12/31/20XX	Medical FSA	Sample	Name	1/1/20XX	\$520.00	(\$350.55)	\$0.00	\$0.00	\$0.00	\$0.00	(\$10.00)	\$130.02	\$159.45	(\$220.53)	
01/01/20XX-12/31/20XX	Medical FSA	Sample	Name	1/1/20XX	\$1,200.00	(\$151.24)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$300.00	\$1,048.76	\$148.76	

Plan: Dependent Care FSA		Plan Year	Plan	Last Name	First Name	Election Effective Date	Election	Paid*	Refunds	Pending	Pending Repayments	Debit Card Preauthorizations	Participant Deposits	Available Balance	Cash Balance
01/01/20XX-12/31/20XX	Dependent Care FSA	Sample	Name	1/1/20XX	\$4,000.00	(\$820.50)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,000.02	\$179.52	\$179.52
01/01/20XX-12/31/20XX	Dependent Care FSA	Sample	Name	1/1/20XX	\$5,000.00	(\$1,249.98)	\$0.00	(\$3,750.02)	\$0.00	\$0.00	\$0.00	\$0.00	\$1,249.98	\$0.00	\$0.00

Enrollment Report – Available on the 1st of Each Month and On Demand

Provides data regarding employees' annual elections, employer contributions (if applicable) and payroll deduction amounts for a specified plan year.

Enrollment Report										
Sample Company										
Member Enrollment Report										
As of X/X/20XX										
Plan Year: X/X/20XX - XX/XX/20XX										
Participant ID as assigned by Employer	Name of participant enrolled in the benefit	Status of the participant in the plan, see key.	The date a participant's enrollment was last updated.	First pay date for the plan year	The plan(s) the participant is enrolled in for the current plan year	Amount the employer is contributing to the plan	Amount the participant elected for the plan year	Pay period amount	Total pay period amount for all plans	Preferred and secondary Reim Method, see key.
Employee No	Participant Name	Status	Last Update	First Pay Date	Plan Name	Employer Contribution	Election	Payroll Deduction	Total Reim Deduction	Method
789	Name, Sample	A	x/x/20xx	x/x/20xx	Limited Medical	\$0.00	\$3,000.00	\$115.38	\$115.38	DC (DD)
456	Name, Sample	A	x/x/20xx	x/x/20xx	Medical FSA	\$0.00	\$500.00	\$19.23	\$19.23	DC (DD)
XYZ	Name, Sample	A	x/x/20xx	x/x/20xx	Dependent Care	\$0.00	\$1,700.00	\$65.38	\$65.38	DC (CK)
HJU	Name, Sample	A	x/x/20xx	x/x/20xx	Dependent Care	\$0.00	\$2,000.00	\$76.92	\$134.61	DC (CK)
EFG	Name, Sample	A	x/x/20xx	x/x/20xx	Medical FSA	\$0.00	\$1,500.00	\$57.69		
123	Name, Sample	A	x/x/20xx	x/x/20xx	Medical FSA	\$0.00	\$1,000.00	\$38.46	\$38.46	DC (CK)
ABC	Name, Sample	A	x/x/20xx	x/x/20xx	Medical FSA	\$0.00	\$1,300.00	\$50.00	\$50.00	DC (CK)
Total Participants: 6						Totals:	\$0.00	\$11,000.00	\$423.06	\$423.06

Total Elections and Contributions by Plan:			
Plan	Election	Employer Contribution	Total Enrollments
Limited Medical FSA	\$3,000.00	\$0.00	1
Medical FSA	\$4,300.00	\$0.00	4
Dependent Care FSA	\$3,700.00	\$0.00	2

Key	
Status	Reimbursement Method
A Active	CK Check
LOA Leave of Absence	DD Direct Deposit
C COBRA	RC Reimbursement Card
L/O Laid-Off	DC Debit Card
R Retired	
T Terminated	
n/a Unavailable	

Guide to Contribution Based Funding and Reporting, continued

Payment History Report – Available On Demand

Provides data regarding participant payments and reimbursements made during a specified period of time.

Summary

Sample Company Payment History Report 09/01/20XX - 09/30/20XX									
**Detailed data provided on additional sheets									
Summary									
PAYMENT SUMMARY BY METHOD									
Division (Account Number)	Total Checks	Total EFTs	Total Debit Card	Total Payments	Total Voided Checks	Total Cancelled EFTs	Total Repayments	Grand Total	
ABC (XXXXX1234)	\$2,388.78	\$2,102.80	\$1,434.15	\$5,925.73	\$0.00	\$0.00	(\$540.50)	\$5,385.23	
Grand Totals:	\$2,388.78	\$2,102.80	\$1,434.15	\$5,925.73	\$0.00	\$0.00	(\$540.50)	\$5,385.23	
**Descriptions of each column listed are broken down on detail sheets									

Detail

Sample Company Payment History Report 09/01/20XX - 09/30/20XX							
PAYMENT SUMMARY BY METHOD							
Method	Amount	Number of Payments					
Checks	\$2,388.78	12		Total amount and number of all payments made via check this reporting period.			
Debit Card	\$1,434.15	15		Total amount and number of all payments made via debit card this reporting period.			
Electronic Funds Transfer	\$2,102.80	15		Total amount and number of all payments made via EFT this reporting period.			
Total Payments:	\$5,925.73	42		Total amount and number of all payments made via EFT this reporting period.			
Repayments	(\$540.50)	2		Total amount and number of repayments participants paid back to the plan for ineligible expenses during this reporting period.			
Grand Total:	\$5,385.23			Grand total amount of all payments made, minus repayments for this reporting period.			
CHECKS	The individual dollar amount of checks issued to participants for the time period of the report.						
Participant ID as assigned by Employer	Name of participant enrolled in the plan	Check number for reimbursed claim	Date claim reimbursement was processed	Check date of reimbursed claim	Employer account number from which claim was reimbursed	Dollar amount of reimbursed claim	Status of reimbursed claim
Identifier	Participant Name	Check No.	Reim Date	Check Date	Employer Account Number	Amount	Status
12345	Name, Sample	12457	09/01/20XX	09/01/20XX	XXXXX1234	\$126.02	Paid
12346	Name, Sample	12458	09/01/20XX	09/01/20XX	XXXXX1234	\$85.00	Paid to Provider
12347	Name, Sample	12459	09/03/20XX	09/03/20XX	XXXXX1234	\$140.00	Paid
12348	Name, Sample	12460	09/03/20XX	09/03/20XX	XXXXX1234	\$96.16	Paid
12349	Name, Sample	12461	09/03/20XX	09/03/20XX	XXXXX1234	\$192.30	Paid
12350	Name, Sample	12462	09/03/20XX	09/03/20XX	XXXXX1234	\$173.08	Paid
12351	Name, Sample	12463	09/06/20XX	09/06/20XX	XXXXX1234	\$66.00	Paid
12352	Name, Sample	12464	09/07/20XX	09/07/20XX	XXXXX1234	\$300.00	Paid
12353	Name, Sample	12465	09/07/20XX	09/07/20XX	XXXXX1234	\$559.60	Paid
12354	Name, Sample	12466	09/08/20XX	09/08/20XX	XXXXX1234	\$39.88	Paid
12355	Name, Sample	12467	09/09/20XX	09/09/20XX	XXXXX1234	\$330.20	Paid
12356	Name, Sample	12468	09/28/20XX	09/29/20XX	XXXXX1234	\$280.54	Paid
Total:						\$2,388.78	

Continued on the next page.

Guide to Contribution Based Funding and Reporting, continued

ELECTRONIC FUNDS TRANSFER ← The individual dollar amount of direct deposits issued to participants for the time period of the report.

Participant ID as assigned by Employer	Name of participant enrolled in the plan	Method used for reimbursement *see key below	DBI internal reference number for reimbursement	Date claim reimbursement was processed	Date deposit was made to participant's account	Employer account number from which claim was reimbursed	Dollar amount of reimbursed claim	Status of reimbursed claim
Identifier	Participant Name	Method	Payment No.	Reimbursement Date	Effective Date	Employer Account Number	Amount	Status
12357	Name, Sample	DD	14794	09/02/20XX	09/02/20XX	XXXXX1234	\$20.00	Paid
12358	Name, Sample	DD	14795	09/03/20XX	09/03/20XX	XXXXX1234	\$192.31	Paid
12359	Name, Sample	DD	14796	09/03/20XX	09/03/20XX	XXXXX1234	\$48.68	Paid
12360	Name, Sample	DD	14797	09/03/20XX	09/03/20XX	XXXXX1234	\$192.31	Paid
12361	Name, Sample	DD	14798	09/03/20XX	09/03/20XX	XXXXX1234	\$153.85	Paid
12362	Name, Sample	DD	14799	09/03/20XX	09/03/20XX	XXXXX1234	\$62.50	Paid
12363	Name, Sample	DD	14800	09/03/20XX	09/03/20XX	XXXXX1234	\$115.39	Paid
12364	Name, Sample	DD	14801	09/03/20XX	09/03/20XX	XXXXX1234	\$192.31	Paid
12365	Name, Sample	DD	14802	09/03/20XX	09/03/20XX	XXXXX1234	\$57.70	Paid
12366	Name, Sample	DD	14803	09/03/20XX	09/03/20XX	XXXXX1234	\$153.85	Paid
12367	Name, Sample	DD	14804	09/03/20XX	09/03/20XX	XXXXX1234	\$173.08	Paid
12368	Name, Sample	DD	14805	09/06/20XX	09/06/20XX	XXXXX1234	\$32.36	Paid
12369	Name, Sample	DD	14806	09/08/20XX	09/08/20XX	XXXXX1234	\$446.67	Paid
12370	Name, Sample	DD	14807	09/09/20XX	09/09/20XX	XXXXX1234	\$61.79	Paid
12371	Name, Sample	DD	14808	09/10/20XX	09/10/20XX	XXXXX1234	\$200.00	Paid
							Total:	\$2,102.80

DEBIT CARD ← The individual dollar amount of debit card transactions for the time period of the report.

Participant ID as assigned by Employer	Name of participant enrolled in the plan	Plan from which debit card transaction pulled funds	Date debit card transaction settlement was processed	Date debit card transaction settlement was completed	Dollar amount of reimbursed claim	Status of reimbursed claim
Identifier	Participant Name	Plan Name	Effective Date	Settlement Date	Amount	Status
12372	Name, Sample	Limited Medical FSA	09/01/20XX	09/01/20XX	\$274.00	Paid
12373	Name, Sample	Medical FSA	09/01/20XX	09/01/20XX	\$18.00	Paid
12374	Name, Sample	Medical FSA	09/01/20XX	09/01/20XX	\$100.00	Paid
12375	Name, Sample	Medical FSA	09/01/20XX	09/01/20XX	\$9.72	Paid
12376	Name, Sample	Medical FSA	09/01/20XX	09/01/20XX	\$25.00	Paid
12377	Name, Sample	Limited Medical FSA	09/02/20XX	09/02/20XX	\$536.00	Paid
12378	Name, Sample	Dependent Care FSA	09/02/20XX	09/02/20XX	\$155.00	Paid
12379	Name, Sample	Medical FSA	09/03/20XX	09/03/20XX	\$34.20	Paid
12380	Name, Sample	Limited Medical FSA	09/03/20XX	09/03/20XX	\$176.40	Paid
12381	Name, Sample	Limited Medical FSA	09/03/20XX	09/03/20XX	\$8.04	Paid
12382	Name, Sample	Medical FSA	09/03/20XX	09/03/20XX	\$25.75	Paid
12383	Name, Sample	Medical FSA	09/03/20XX	09/03/20XX	\$7.01	Paid
12384	Name, Sample	Medical FSA	09/05/20XX	09/05/20XX	\$10.00	Paid
12385	Name, Sample	Medical FSA	09/08/20XX	09/08/20XX	\$322.08	Paid
12386	Name, Sample	Limited Medical FSA	09/08/20XX	09/08/20XX	\$24.95	Paid
					Total:	\$1,434.15

REPAYMENTS ← The individual dollar amount Discovery received from participants for repayments of plan.

Participant ID as assigned by Employer	Name of participant enrolled in the plan	Method used for reimbursement *see key below	DBI Internal reference number for claim being repaid	Date repayment was made back to the plan	Dollar amount of claim paid back to the plan	
Identifier	Participant Name	Method	Claim No.	Effective Date	Amount	
09813	Name, Sample	EFT	11344430411D0059994	09/03/20XX	(\$500.00)	
07051	Name, Sample	EFT	11366930211D0099901	09/10/20XX	(\$40.50)	
					Total:	(\$540.50)

Key Method

CK	Check
DC	Debit Card
DD	Direct Deposit
EFT	Electronic Funds Transfer
PR	Payroll
RC	Reimbursement Debit Card
IPN	Integrated Payment Network

HSA REPORTS

Aptia understands the importance of providing reporting and ACH notifications (if applicable) in a timely manner. There are a number of reports available through the employer portal to assist with items like reconciliation and overall awareness of account activity. Access to the employer portal is designated by the employer.

The Reports tab on the portal shows a complete list of summaries related to your program. The homepage will also reflect the most recently created reports. Below is a list of the most common reports.

HSA Plan Funding Collection Notification – Available Each Time the Contribution File is Imported

This is an activity-based report that includes the amount the employer will fund for payroll and employer (if applicable) contributions. It includes the transaction effective date and the last four digits of the bank account receiving the debit. Individual participant contribution details are also listed.

Sample Company, Inc. HSA Plan Funding Collection Notification Create Date: 11/29/2010			
SUMMARY			
FUNDS TO BE COLLECTED			
Funding will be pulled as described below.			
Contribution Type	Amount	Funding Account	Funding Date
Employer Contribution	\$500.00	xxxxxxxx333	11/30/2010
Employee Payroll Deduction	\$0.00	xxxxxxxx333	11/30/2010
Totals	\$500.00		
FUNDS ON HOLD			
These employees have contributions posted but did not process because either the HSA account status is not active or the acceptance of HSA Terms and Conditions (T&C) is not complete. Once these conditions have been met, the contributions will process and a new notification will be available.			
Contribution Type	Amount		
Totals	\$0.00		

Guide to Contribution Based Funding and Reporting, continued

Sample Company, Inc. HSA Plan Funding Collection Notification Create Date: 11/29/2010				
FUNDS TO BE COLLECTED				
Identifier	Contribution Date	Employer Contribution	Employee Payroll Deduction	Total Contribution
55552	11/24/2010	\$100.00	\$0.00	\$100.00
55554	11/24/2010	\$100.00	\$0.00	\$100.00
55556	11/24/2010	\$100.00	\$0.00	\$100.00
55558	11/24/2010	\$100.00	\$0.00	\$100.00
55559	11/24/2010	\$100.00	\$0.00	\$100.00
Totals:		\$500.00	\$0.00	\$500.00
FUNDS ON HOLD				
Totals:		\$0.00	\$0.00	\$0.00

HSA Account Detail Report – Available on the 1st of Each Month

This report provides the contribution detail and reports consumers that have had a contribution for the given report range or year to date.

HSA Account Detail Report							
Identifier	Last Name	First Name	Amount	Contribution Type	Tax Year	Processed Date	Note
1234	Name	Sample	\$125.00	Payroll Deduction	2012	06/22/2012	06/21/2012 Payroll Deduction
1234	Name	Sample	\$125.00	Payroll Deduction	2012	06/08/2012	06/07/2012 Payroll Deduction
1234	Name	Sample	\$125.00	Payroll Deduction	2012	05/25/2012	05/24/2012 Payroll Deduction
1234	Name	Sample	\$125.00	Payroll Deduction	2012	05/11/2012	05/10/2012 Payroll Deduction
1234	Name	Sample	\$125.00	Payroll Deduction	2012	04/30/2012	04/27/2012 Payroll Deduction
1234	Name	Sample	\$125.00	Payroll Deduction	2012	04/13/2012	04/12/2012 Payroll Deduction
1234	Name	Sample	\$812.51	Employer Contribution	2012	04/04/2012	04/03/2012 Employer Contribution
1234	Name	Sample	\$125.00	Payroll Deduction	2012	03/16/2012	03/15/2012 Payroll Deduction
1234	Name	Sample	\$125.00	Payroll Deduction	2012	03/02/2012	03/01/2012 Payroll Deduction
5678	Name2	Sample	\$40.00	Payroll Deduction	2012	06/22/2012	06/21/2012 Payroll Deduction
5678	Name2	Sample	\$40.00	Payroll Deduction	2012	06/08/2012	06/07/2012 Payroll Deduction
5678	Name2	Sample	\$40.00	Payroll Deduction	2012	05/25/2012	05/24/2012 Payroll Deduction
5678	Name2	Sample	\$40.00	Payroll Deduction	2012	05/11/2012	05/10/2012 Payroll Deduction
5678	Name2	Sample	\$40.00	Payroll Deduction	2012	04/30/2012	04/27/2012 Payroll Deduction
5678	Name2	Sample	\$40.00	Payroll Deduction	2012	04/13/2012	04/12/2012 Payroll Deduction
5678	Name2	Sample	\$40.00	Payroll Deduction	2012	03/16/2012	03/15/2012 Payroll Deduction
5678	Name2	Sample	\$40.00	Payroll Deduction	2012	03/02/2012	03/01/2012 Payroll Deduction
5678	Name2	Sample	\$650.00	Employer Contribution	2012	01/04/2012	01/02/2012 Employer Contribution

HSA Account Detail Report Summary – Available on the 1st of Each Month

This report provides aggregate contributions for prior and current tax year and reports all consumers for the report range or year to date. If participants have a pending account, this will be shown in this report as well as the Plan Funding Collection Notification Report mentioned above. For participants listed as having pending accounts, there will be an 'N' listed in the IDV column. **Please note:** A full tax year must elapse before data will report in the "Prior Tax Year" columns.

Columns A-M

Identifier	Last Name	First Name	Employment Status	Employment Status Effective Date	Account Creation Date	Account Status	IDV	Agreements	Current Period Payroll Deductions	Current Period Employer Contributions	Current Period Total Contributions
1234	Name1	Sample	Active	09/12/2011	10/19/2011	Active	Y	Y	\$0.00	\$0.00	\$0.00
5678	Name2	Sample	Active	07/27/2009	12/02/2010	Active	Y	Y	\$0.00	\$0.00	\$0.00
abcd	Name3	Sample	Active	09/26/2011	10/28/2011	Active	Y	Y	\$0.00	\$0.00	\$0.00
efgh	Name4	Sample	Active	11/08/2010	12/06/2010	Active	Y	Y	\$0.00	\$0.00	\$0.00
1111	Name5	Sample	Active	04/09/2007	12/10/2010	Active	Y	Y	\$0.00	\$0.00	\$0.00
2222	Name6	Sample	Active	10/27/2008	12/13/2010	Active	Y	Y	\$0.00	\$0.00	\$0.00
3333	Name7	Sample	Active	03/24/2000	12/13/2010	Active	Y	Y	\$0.00	\$0.00	\$0.00
4444	Name8	Sample	Active	03/28/2011	04/06/2011	Active	Y	Y	\$0.00	\$0.00	\$0.00
5555	Name9	Sample	Active	04/28/2008	12/10/2010	Active	Y	Y	\$0.00	\$0.00	\$0.00
6666	Name10	Sample	Active	07/31/2006	12/06/2010	Active	Y	Y	\$0.00	\$0.00	\$0.00
7777	Name11	Sample	Active	02/28/2007	12/03/2010	Blocked	N	Y	\$0.00	\$0.00	\$0.00
8888	Name12	Sample	Active	01/03/2011	01/31/2011	Active	Y	Y	\$0.00	\$0.00	\$0.00

Guide to Contribution Based Funding and Reporting, continued

Columns N-X

YTD Payroll Deductions	YTD Employer Contributions	YTD Total Contributions	Prior Tax Year YTD Payroll Deductions	Prior Tax Year YTD Employer Contributions	Prior Tax Year YTD Other Contributions	Prior Tax Year YTD Total Contributions	Current Tax Year YTD Payroll Deductions	Current Tax Year YTD Employer Contributions	Current Year YTD Other Contributions	Current Tax Year YTD Total Contributions
\$1,500.00	\$812.51	\$2,312.51	\$0.00	\$0.00	\$0.00	\$0.00	\$1,500.00	\$812.51	\$0.00	\$2,312.51
\$480.00	\$0.00	\$480.00	\$0.00	\$0.00	\$0.00	\$0.00	\$480.00	\$0.00	\$0.00	\$480.00
\$180.00	\$874.99	\$1,054.99	\$0.00	\$0.00	\$0.00	\$0.00	\$180.00	\$874.99	\$0.00	\$1,054.99
\$0.00	\$700.00	\$700.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$700.00	\$0.00	\$700.00
\$570.00	\$500.00	\$1,070.00	\$0.00	\$0.00	\$0.00	\$0.00	\$570.00	\$500.00	\$0.00	\$1,070.00
\$0.00	\$500.00	\$500.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$500.00	\$0.00	\$500.00
\$720.00	\$700.00	\$1,420.00	\$0.00	\$0.00	\$0.00	\$0.00	\$720.00	\$700.00	\$0.00	\$1,420.00
\$360.00	\$500.00	\$860.00	\$0.00	\$0.00	\$0.00	\$0.00	\$360.00	\$500.00	\$0.00	\$860.00
\$249.96	\$500.00	\$749.96	\$0.00	\$0.00	\$0.00	\$0.00	\$249.96	\$500.00	\$0.00	\$749.96
\$276.96	\$500.00	\$776.96	\$0.00	\$0.00	\$0.00	\$0.00	\$276.96	\$500.00	\$0.00	\$776.96
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$600.00	\$500.00	\$1,100.00	\$0.00	\$0.00	\$0.00	\$0.00	\$600.00	\$500.00	\$0.00	\$1,100.00

HSA Employer Summary Report – Available on the 1st of Each Month

Provides aggregate monthly HSA statistics and balances and includes average account balance, distributions and contributions.

Creative Companies HSA Account Summary					
Employer Name: XYZ Employer Name		Reporting Period: 2/1/2011 – 2/28/2011			
Balance Summary					
Account Type	1/1/2011 Balance	2/1/2011 Opening Balance	2/28/2011 Closing Balance		
HSA Cash Account	\$0.00	\$1,400.00	\$1,900.00		
Investment Fair Market Value	\$0.00	\$1,000.00	\$1,200.00		
Total Balance	\$0.00	\$2,400.00	\$3,100.00		
Transaction Summary					
Current Period	Amount	#	Year to Date	Amount	#
Contributions	\$600.00	21	Contributions	\$900.00	42
Distributions	(\$300.00)	5	Distributions	(\$800.00)	10
Fees	(\$300.00)	5	Fees	(\$300.00)	5
Interest	\$3.00	3	Interest	\$4.00	4
Pending Contributions	\$75.00	1			
Pending Distributions	--	--			
Contributions					
Current Period	Amount	#	Year to Date	Amount	#
Payroll Deductions	\$400.00	20	Payroll Deductions	\$800.00	40
Employer Contributions	\$0.00	0	Employer Contributions	\$1,000.00	20
Other Contributions	\$100.00	10	Other Contributions	\$100.00	10
Prior Tax Year Payroll Deductions	\$0.00	0	Prior Tax Year Payroll Deductions	\$0.00	0
Prior Tax Year Employer Contributions	\$0.00	0	Prior Tax Year Employer Contributions	\$0.00	0
Prior Tax Year Other Contributions	\$0.00	0	Prior Tax Year Other Contributions	\$0.00	0
Total Deposits	\$603.00	30	Total Deposits	\$1,904.00	70
Contributions by Tax Year					
2010 Year to Date	Amount	#	2011 Year to Date	Amount	#
Payroll Deductions	\$20,000.00	2,600	Payroll Deductions	\$800.00	40
Employer Contributions	\$5,000.00	0	Employer Contributions	\$1,000.00	20
Fees					
Current Period	Amount	#	Year to Date	Amount	#
Employee Paid Fees	\$50.00	25	Employee Paid Fees	\$100.00	50
Employer Paid Fees	\$24.00	5	Employer Paid Fees	\$50.00	10

Creative Companies HSA Account Summary			
Total Fees \$75.00 30		Total Fees \$150.00 60	
HSA Account Overview			
Account Status		#	
Active		20	
Pending		2	
Account Type		#	
Investment		3	
Accounts		Current Period	
Created	1	1	
Closed	1	1	
Moved	1	1	
Statistics			
Cash Balance		#	
Zero		2	
\$1 - \$500		20	
\$500.01 - \$1,000		0	
\$1,000.01 - \$1,500		0	
\$1,500.01 - \$2,000		0	
\$2,000.01 - \$2,500		0	
\$2,500.01 - \$3,000		0	
\$3,000.01 - \$5,000		0	
\$5,000.01 - \$10,000		0	
\$10,000.01 - \$15,000		0	
\$15,000.01 - \$20,000		0	
Over \$20,000		0	
Total Accounts			
Bar chart showing account status (Created, Closed, Moved Out) from Feb '10 to Jan '11.			
Average Cash Account Balance			
Line chart showing average cash account balance from Feb '10 to Jan '11.			

Closed HSA Report – Available on the 1st of Each Month

This report provides a list of individuals whose HSAs have been closed in the previous month and includes EEID, name, HSA closure request date, participant status and the status effective date.

EEID	Last Name	First Name	HSA Closure Request Date	Terms And Conditions Signed	Participant Status	Status Effective Date
123456	Name1	Sample	06/19/2015	Yes	Active	07/01/2013
789102	Name2	Sample	6/18/2015	Yes	Active	11/03/2004
abcdef	Name3	Sample	06/19/2015	Yes	Terminated	12/04/2011
ghijkl	Name4	Sample	6/1/2015	Yes	Active	05/27/2011

Guide to Contribution Based Funding and Reporting, continued

Re-Opened HSA Report – Available on the 1st of Each Month

Provides a list of individuals whose HSAs were previously closed but have been re-opened in the prior month and includes EEID, name, HSA closed and the re-opened date.

Employee ID	Last Name	First Name	Closed Date	Re-Opened Date
123456	Name1	Sample	11/1/2014 12:00:00 AM	7/10/2015 4:23:16 AM

Open Ended HSA Imported Contribution Report – Available Each Time the Contribution File is Imported

This report is available through the employer portal once a Contribution File has been imported and processed and can be found under the Completed/Cancelled link in the Imports tab. It displays a count of all the HSA contributions in a file, number of contributions processed and any errors or warnings that occurred. It also shows total contribution records in a file minus any unrecognized records. If there are any unrecognizable records on the file, this report will include those records as well.

Open Ended HSA Imported Contribution Report - Summary			
File Statistics			
File Name	contribution file.csv		
Total contribution records on file	18		\$2,525.00
Total processed contributions	18		\$2,525.00
Total records with errors and warnings	0		\$0.00
Payroll Deduction Summary			
Payroll deduction date	11/7/2012		
Total processed	9		\$525.00
Employer Contribution Summary			
Employer contribution date	11/7/2012		
Total processed	9		\$2,000.00