

A close-up photograph of a person in a dark suit jacket sitting at a desk. Their right hand holds a black pen with gold accents, pointing towards a silver calculator. Their left hand is positioned near the calculator's keypad. The desk is covered with various financial documents, including spreadsheets and charts with blue and red highlights. A pair of glasses is visible in the background. The overall scene suggests a professional financial or accounting environment.

# GUIDE TO FUNDING AND REPORTING

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## CLAIMS BASED FUNDING — FSA, COMMUTER ACCOUNTS & HRA

This funding method is a Claims Based Funding arrangement where funds are debited from the employer’s general asset account as needed to pay eligible claims. Funds are withdrawn as claims and debit card transactions are processed (if applicable). The employer retains participant contributions in its general asset account until funds are needed to reimburse participants. Aptia does not hold any advanced funding.

**Manual/Online Claims:** An ACH withdrawal will be initiated from your company’s bank account when claims are processed, which could be daily. The withdrawal will be in one lump sum by check or direct deposit and will equal the amount we need to issue reimbursements to your participants. Aptia will issue the individual reimbursements to your participants from our custodial account.

Prior to funds settling with the employer’s bank, Aptia will send an email notification directly to the employer to log in to the employer portal to review the Employer Funding Report. This report will provide details on claim activity, including dollar amounts. The automated email notifications are sent daily (regardless of activity).

**Please note:** For commuter accounts, parking claims can be filed manually or online, but mass transit expenses must be purchased with the benefits debit card.

The table below summarizes the transactions included in the Employer Funding Report that we will directly debit/credit from the applicable bank account.

**Debit Card Settlement Schedule**

Transaction Settlement	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Employer Funding Report Sent	Wednesday	Thursday	Friday	Saturday	Sunday	Monday	Tuesday
Funds are Debited from Employer Account	Wednesday	Thursday	Friday	Monday	Tuesday	Tuesday	Tuesday

**Please note:** This example represents a separate lump sum ACH. Bank holidays may cause a variation to this schedule. Bank processing may also cause a variation to this schedule.

**Debit Card Transactions:** An ACH withdrawal (separate from the Manual/Online Claims ACH withdrawal) will be initiated from the employer’s bank account when a debit card transaction is settled, which could be daily. The withdrawal will be in one lump sum and will equal the amount needed to settle debit card transactions for the participants.

Prior to funds settling with the employer’s bank, Aptia will send an email notification directly to the employer to log in to the employer portal to review the Employer Funding Report. The Employer Funding Report will provide details on claim activity, including dollar amounts. The automated email notification is sent daily (regardless of activity). Friday and weekend settlements will be posted the following Monday as separate ACH transactions.

**ACH Rejections:** If an ACH is rejected for any reason, this will cause Aptia to stop processing claims and the debit card provider to suspend debit card availability, which may negatively affect participants. Upon resolution of an ACH issue, it may take three to four business days for claim processing and debit card functionality to be restored.

**Example ACH Rejections Include:**

- ACH ID/Filters were not provided by the employer to the financial institution authorizing us and our debit card provider to initiate an ACH from the account.
- An ACH dollar limit was set on the employer’s bank account, causing an ACH return (we do not recommend setting an ACH dollar limit).

**Sample Timeline for Restoring Claim Reimbursement (and Debit Card Usage, if Applicable)**

- January 14 — Employer’s bank account rejects ACH attempt. We notify the employer.
- January 14 — Employer confirms with us they have contacted their bank and the correction has been made to their bank account.
- January 15 — We initiate a second ACH attempt. Federal Reserve requirements do not allow two ACH attempts on the same day.
- January 16-17 — ACH attempt settles with the employer’s bank account (settlement and/or rejection notifications can take up to two business days to process).
- January 17-18 — We receive notification that the ACH attempt was accepted or rejected again. Once ACH is successful, claims processing is restored.

\*It can take up to 24 hours for the ACH attempt to be initiated after receiving confirmation of correction from the employer.

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.

<b>FSA REPORTS</b>				
<b>REPORTS</b>	<b>DATES AVAILABLE</b>	<b>DESCRIPTION</b>	<b>WHY USE THIS REPORT</b>	<b>HOW TO OBTAIN</b>
<a href="#"><u>Account Balance Detail Report</u></a>	1 <sup>st</sup> of month or on demand	Provides each participant’s election, claims paid, deposits and available balance.	This report provides a snapshot of your FSA plans and an overview of a specific date. Don’t use for reconciliation.	Reports tab on the employer portal.
<a href="#"><u>Employer Funding Report</u></a>	Daily, regardless of activity.	Summarizes debits and credits to an employer’s bank account for participant claim reimbursements and debit card transactions. This report lists out the transactions by type as well as by plan. A monthly report can be added in addition to the daily reports.	This report reconciles an employer’s bank transactions that have taken place in response to any claim activity.	Reports tab on the employer portal.
<a href="#"><u>Enrollment Report</u></a>	1 <sup>st</sup> of month or on demand	Includes data regarding participants’ annual elections, employer contributions (if applicable) and payroll contribution amounts.	This report reviews which participants’ enrollments were received as well as their employment status.	Reports tab on the employer portal.
<b>Exception Report</b>	Each time a contribution file is imported	Shows any errors or warnings that occur on a contribution file.	This report provides details regarding any records that erred on the contribution file. These errors will need to be corrected and re-imported to process the funds into a participant’s account.	Imports tab on the employer portal.
<a href="#"><u>Payment History Report</u></a>	On demand only	Summarizes the amount issued in checks, direct deposits and debit card transactions (if applicable) for a specified timeframe.	This report can be used to view all payments and reimbursements during a specific time period.	Select “Run New Report” under the Reports tab on the employer portal.
<b>Pending Repayment Report</b>	By request only	Provides a list of unsubstantiated claims.	This report can be used to view participants who need to substantiate claims before they become taxable items.	Contact your Account Executive for details regarding this report.
<b>Plan Closing Report</b>	After the plan year has closed.	Provides final summary of all Deposits, Reimbursements and Repayments. It also provides Participant Forfeiture and any Taxable Items.	This report provides the overall details for the plan year to reconcile your plan and take any necessary action on participants’ taxable items.	Contact your Account Executive for details regarding this report.
<a href="#"><u>Monthly Commuter Voucher Report</u></a>	1 <sup>st</sup> of the month	Provides each participant’s SmartCommute™ order for the prior month.	This report reconciles monthly SmartCommute™ orders from the prior month with what was deducted from payroll.	Reports tab on the employer portal.

# Guide to Funding and Reporting, continued

## 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, Claims History, Debit Card Status, Debit Card Transaction, Enrollment, Payment History, Reimbursement Detail and Repayments Reports on demand through the employer portal. The Account Balance Detail Report and Enrollment Report are also provided at the beginning of each month. Please see our Guide to On Demand Reporting for more information on running reports on demand.

### 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.

### Account Balance Detail Report – Available on the 1<sup>st</sup> 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.

#### Summary

Sample Company Account Balance Detail Report As Of 1/31/20XX Plan Year: 01/01/20XX-12/31/20XX												
Plan	Consumers	Election	Incoming Rollovers	Outgoing Rollovers	Paid*	Refunds	Pending	Pending Repayments	Consumer Deposits	Plan Year Balance	Available Balance	Cash Balance
Combination FSA 1/01/20XX-12/31/20XX	676	\$433,090.00	\$58,210.42	\$0.00	(\$292,158.35)	\$1,527.32	(\$3,427.40)	(\$23,846.51)	\$423,662.85	\$155,372.00	\$172,337.00	\$166,337.25
Health FSA 01/01/20XX-	1663	\$2,073,511.00	\$47,323.86	\$0.00	(\$1,578,856.66)	\$10,340.66	(\$3,798.35)	(\$150,573.81)	\$1,967,512.73	\$292,000.76	\$397,690.76	\$295,490.84
Dependent Care 01/01/20XX-	973	\$3,478,106.00	\$0.00	\$0.00	(\$2,607,946.70)	\$0.00	(\$74,031.08)	\$0.00	\$3,287,120.36	\$444,364.22	\$605,142.58	\$679,173.66
Transit Account 01/01/20XX-	475	\$741,000.00	\$910.00	(\$121,979.93)	(\$424,999.39)	\$196.50	(\$3,027.31)	\$0.00	\$547,506.52	N/A	(\$1,393.61)	\$1,633.70
Parking Account 01/01/20XX-	249	\$747,000.00	\$0.00	(\$51,607.36)	(\$229,422.85)	\$0.00	(\$2,009.17)	\$0.00	\$283,500.35	N/A	\$460.97	\$2,470.14
<b>Grand Totals:</b>	3151	\$7,472,707.00	\$106,444.28	(\$173,587.29)	(\$5,133,383.95)	\$12,064.48	(\$86,293.31)	(\$174,420.32)	\$6,509,302.81	\$891,736.98	\$1,174,237.70	\$1,145,105.59

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

#### Detail (Colum A-K)

Company Name	Plan year for the reporting period	The plan(s) the participant is enrolled in for the current plan year	Participant ID as assigned by the Employer	Participant employment status	Name of the participant enrolled in the plan		Effective date of the election termination. Displayed in report detail only	Amount the participant elected for the plan year	Plan balance that is carried over as credits to the plan year, if applicable	Total of claims paid YTD. Includes reimbursement and debit card transactions
Employer Name	Plan Year	Plan	Identifier	Employment Status	Last Name	First Name	Election Effective Date	Election Termination Date	Election	Incoming Rollovers
Sample Company	01/01/20XX-12/31/20XX	Health FSA 01/01/20XX-12/31/20XX	11111	Terminated (1/29/2016)	Sample	Name	1/1/20XX	1/29/20XX	\$1,000.00	\$0.00
Sample Company	01/01/20XX-12/31/20XX	Dependent Care 01/01/20XX-12/31/20XX	22222	Active (3/30/2015)	Sample	Name	1/1/20XX		\$2,500.00	\$0.00
Sample Company	01/01/20XX-12/31/20XX	Health FSA 01/01/20XX-12/31/20XX	33333	Active (10/26/2015)	Sample	Name	1/1/20XX		\$1,000.00	\$0.00
Sample Company	01/01/20XX-12/31/20XX	Health FSA 01/01/20XX-12/31/20XX	44444	Active (2/2/2015)	Sample	Name	8/1/20XX		\$60.00	\$0.00
Sample Company	01/01/20XX-12/31/20XX	Health FSA 01/01/20XX-12/31/20XX	55555	Active (6/27/2016)	Sample	Name	7/1/20XX		\$500.00	\$0.00
Sample Company	01/01/20XX-12/31/20XX	Parking Account 01/01/20XX-12/31/20XX	66666	Terminated (2/19/2016)	Sample	Name	1/1/20XX	2/19/2016	\$3,060.00	\$0.00
Sample Company	01/01/20XX-12/31/20XX	Combination FSA 01/01/20XX-12/31/20XX	77777	Active (10/29/2001)	Sample	Name	1/1/20XX		\$2,550.00	\$0.00

Detail (Column L-T)

Total of claims paid YTD. Includes reimbursements and debit card transactions	Any merchant refunds applied to the debit card	Reimbursements approved but not yet paid	Paid claims (debit card and/or reimbursements) that are considered ineligible and require repayment or further substantiation to the plan	Debit card charges that have been pulled from available balance but not yet paid to the merchant	YTD participant payroll contributions applied	Balance used to determine whether or not a claim will be approved for payment when the account is funded based on contributions and not 100% available from the start of the plan year	Election minus paid and pending claims and debit card preauthorizations	Deposits minus paid claims and pending repayments
Paid*	Refunds	Pending	Pending Repayments	Debit Card Preauthorizations	Consumer Deposits	Plan Year Balance	Available Balance	Cash Balance
(\$60.00)	\$0.00	\$0.00	\$0.00	\$0.00	\$76.92	(\$60.00)	\$940.00	\$16.92
(\$2,292.00)	\$0.00	\$0.00	\$0.00	\$0.00	\$2,499.90	\$208.00	\$207.90	\$207.90
(\$899.00)	\$0.00	\$0.00	\$0.00	\$0.00	\$999.96	N/A	\$101.00	\$100.96
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$59.95	N/A	\$60.00	\$59.95
(\$500.00)	\$0.00	\$0.00	\$0.00	\$0.00	\$538.44	N/A	\$0.00	\$38.44
(\$1,008.87)	\$0.00	\$0.00	\$0.00	\$0.00	\$294.24	(\$1,008.87)	\$1,541.13	(\$714.63)
(\$2,550.00)	\$0.00	\$0.00	\$0.00	\$0.00	\$2,550.00	N/A	\$0.00	\$0.00
(\$1,564.90)	\$0.00	\$0.00	\$0.00	(\$10.00)	\$1,471.20	N/A	\$975.10	(\$93.70)
(\$1,999.80)	\$0.00	\$0.00	\$0.00	\$0.00	\$1,076.88	N/A	\$0.20	(\$922.92)

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.

Contribution Based Funding Sheet I

The Employer Funding Report provides details on all claim activity. The report encompasses claim reimbursements, debit card transactions, and repayments.	<p><b>Sample Company</b>  <b>Employer Funding Report</b>                  2/11/20XX - 2/11/20XX</p>
<b>SUMMARY</b>	
<b>SUMMARY BY TRANSACTION TYPES</b>	
<b>Account Number xxxxxx1234</b>	
Debit Card Reimbursements	\$11,081.52
Employee Funding Adjustments	(\$187.04)
<b>Total</b>	<b>\$10,894.48</b>
<b>Account Number xxxxxx0360 Total</b>	
	<b>\$10,894.48</b>
<b>Grand Total by Transaction Types</b>	<b>\$10,894.48</b>
<b>SUMMARY BY PLAN</b>	
<b>Account Number xxxxxx1234</b>	
<b>01/01/20XX-12/31/20XX</b>	
Health FSA 01/01/20XX-12/31/20XX	\$8,986.23
Combination FSA 01/01/20XX-12/31/20XX	\$25.00
Dependent Care 01/01/20XX-12/31/20XX	\$588.00
Transit Account 01/01/20XX-12/31/20XX	\$831.25
Parking Account 01/01/20XX-12/31/20XX	\$464.00
<b>01/01/20XX-12/31/20XX Total</b>	<b>\$10,894.48</b>
<b>Total</b>	<b>\$10,894.48</b>
<b>Account Number xxxxxx1234 Total</b>	
	<b>\$10,894.48</b>
<b>Grand Total by Plan</b>	<b>\$10,894.48</b>

The report lists out the transactions by type as well as by plan. The "Grand Total by Transaction Types" outlines the total of all transactions.

## Contribution Based Funding Sheet 2

Type	Identifier	Employee Last Name	Employee First Name	Plan	Plan Year	Division	Account Number	Amount	Method	Source Code	Check/Payment Number	Contribution Dat	Effective Date	Status	Notes	
EMPLOYEE FUNDING ADJUSTMENT	1111	Name	Sample	Health FSA 01/01/20XX- 12/31/20XX	01/01/20XX- 12/31/20XX	ABC	xxxxxx1234	(\$187.04)	DC	DC	N/A	N/A	2/10/2017	Refund	N/A	
REIMBURSEMENT	2222	Name	Sample	Dependent Care 01/01/20XX- 12/31/20XX	01/01/20XX- 12/31/20XX	GHI	xxxxxx1234	\$240.00	DC	DC	✓	170924994	N/A	2/10/2017	N/A	N/A
REIMBURSEMENT	3333	Name	Sample	Dependent Care 01/01/20XX- 12/31/20XX	01/01/20XX- 12/31/20XX	ABC	xxxxxx1234	\$3.91	DC	DC	✓	170927772	N/A	2/10/2017	N/A	N/A
REIMBURSEMENT	4444	Name	Sample	Parking Account 01/01/20XX- 12/31/20XX	01/01/20XX- 12/31/20XX	ABC	xxxxxx1234	\$20.00	DC	DC	✓	170706182	N/A	2/10/2017	N/A	N/A
REIMBURSEMENT	5555	Name	Sample	Combination FSA 01/01/20XX- 12/31/20XX	01/01/20XX- 12/31/20XX	DEF	xxxxxx1234	\$367.59	DC	DC	✓	171116142	N/A	2/10/2017	N/A	N/A
REIMBURSEMENT	6666	Name	Sample	Combination FSA 01/01/20XX- 12/31/20XX	01/01/20XX- 12/31/20XX	ABC	xxxxxx1234	\$30.00	DC	DC	✓	171108050	N/A	2/10/2017	N/A	N/A
REIMBURSEMENT	7777	Name	Sample	Combination FSA 01/01/20XX- 12/31/20XX	01/01/20XX- 12/31/20XX	GHI	xxxxxx1234	\$30.00	DC	DC	✓	171105761	N/A	2/10/2017	N/A	N/A

## Enrollment Report — Available on the 1<sup>st</sup> 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.

Sample Company Member Enrollment Report As of 12/31/20XX Plan Year: 1/1/20XX - 12/31/20XX												
Participant ID as assigned by the Employer.	Name of the participant enrolled in the plan	Effective date of the election. Displayed in report detail only.	Employment Status of the participant in the plan. (see key below)	The date a participant's enrollment was last updated.	N/A	The plan(s) the participant is enrolled in for the current plan year.	The amount the employer is contributing to the plan, for applicable HRA and HSA plans	Amount the participant elected for the plan year.	N/A	N/A	Preferred and secondary reimbursement method (see key below)	How the enrollments are received. (see key below)
Identifier	Participant Name	Effective Date	Status	Last Update	First Pay Date	Plan Name	Employer Contribution	Election	Payroll Deduction	Total Deduction	Reim Method	Enroll Method
44444	Name	01/01/20XX	A	10/21/20XX	N/A	Dependent Care	\$0.00	\$ 5,000.00	N/A	N/A	DC (DD)	F
66666	Name	01/01/20XX	A	10/21/20XX	N/A	Health FSA	\$0.00	\$ 2,500.00	N/A	N/A	DC (DD)	F
11111	Name	01/01/20XX	A	11/17/20XX	N/A	Combination FSA	\$0.00	\$ 2,600.00	N/A	N/A	DC (DD)	F
22222	Name	01/01/20XX	A	11/11/20XX	N/A	Health FSA	\$0.00	\$ 1,500.00	N/A	N/A	DC (CK)	F
77777	Name	01/01/20XX	A	11/17/20XX	N/A	Transit Account	\$0.00	\$ 3,060.00	N/A	N/A	DC (DD)	F
33333	Name	01/01/20XX	A	11/11/20XX	N/A	Parking Account	\$0.00	\$ 3,060.00	N/A	N/A	DC (CK)	F
<b>Total Participants: 4</b>							<b>Totals:</b>	\$0.00	\$ 17,720.00			
<b>Total Elections and Contributions by Plan:</b>												
Plan						Election	Employer Contribution			Total Enrollments		
Health FSA		\$				4,000.00	\$0.00			2		
Combination FSA		\$				2,600.00	\$0.00			1		
Dependent Care		\$				5,000.00	\$0.00			1		
Transit Account		\$				3,060.00	\$0.00			1		
Parking Account		\$				3,060.00	\$0.00 (\$0.00/mo)			1		
<b>Key</b>												
Status		Reimbursement Method		Enroll Method								
A Active		CK Check		C Consumer								
LOA Leave of Absence		DD Direct Deposit		E Employer								
C COBRA		RC Reimbursement Card		F File								
L/O Laid-Off		DC Debit Card		M Manual								
R Retired				WS Web Service								
T Terminated				A Auto Enroll								

## 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 1/1/20XX - 1/31/20XX			
Summary			
PAYMENT SUMMARY BY METHOD			
Method	Amount	Number of Payments	
Checks	\$3,818.39	9	Total amount and number of all payments made via check this reporting period
Debit Card	\$100,446.81	997	Total amount and number of all payments made via debit card this reporting period
Electronic Funds Transfer	\$6,425.97	21	Total amount and number of all payments made via eft this reporting period
<b>Total Payments:</b>	<b>\$110,691.17</b>	<b>1027</b>	
Repayments	(\$106.12)	3	Total amount and number of repayments participants paid back to the plan for ineligible expenses during this reporting period
<b>Grand Total:</b>	<b>\$110,585.05</b>		
Grand total amount of all payments made, minus repayments for this reporting period			

**Detail**

**Checks:** The individual dollar amount of checks issued to participants for the reporting period.

Participant ID as assigned by the Employer	Name of the participant enrolled in the plan	Check number for reimbursed claim	Date the claim reimbursement was processed	Check date of reimbursed claim	Plan(s) the participant is enrolled in for the current plan year	Plan year for the reporting period	Dollar amount of the reimbursed claim	Status of the reimbursed claim
Identifier	Participant Name	Check No.	Reim Date	Check Date	Plan	Plan Year	Amount	Status
1111	Name, Sample	1234	1/3/20XX	1/3/20XX	Dependent Care	01/01/2016-12/31/2016	\$844.61	Paid
2222	Name, Sample	5678	1/3/20XX	1/3/20XX	Dependent Care	01/01/20XX-12/31/20XX	\$102.04	Paid
3333	Name, Sample	9876	1/4/20XX	1/4/20XX	Combination FSA	01/01/20XX-12/31/20XX	\$348.43	Paid
4444	Name, Sample	5432	1/6/20XX	1/6/20XX	Health FSA	01/01/20XX-12/31/20XX	\$26.12	Paid
5555	Name, Sample	4321	1/6/20XX	1/6/20XX	Combination FSA	01/01/20XX-12/31/20XX	\$27.56	Paid to Provider
6666	Name, Sample	6543	1/10/20XX	1/10/20XX	Dependent Care	01/01/20XX-12/31/20XX	\$136.40	Paid
7777	Name, Sample	8765	1/17/20XX	1/17/20XX	Health FSA	01/01/20XX-12/31/20XX	\$40.24	Paid
8888	Name, Sample	7654	1/24/20XX	1/24/20XX	Health FSA	01/01/20XX-12/31/20XX	\$1,792.49	Paid
9999	Name, Sample	1111	1/27/20XX	1/27/20XX	Dependent Care	01/01/20XX-12/31/20XX	\$500.50	Paid
<b>Total:</b>							<b>\$3,818.39</b>	

**Electronic Funds Transfer:** The individual dollar amount of direct deposits issued to participants for the reporting period.

Participant ID as assigned by the Employer	Name of the participant enrolled in the plan	Method used for reimbursement (see key below)	Internal reference number for reimbursement	Check date of reimbursed claim	Date deposit was made to participants' account	Plan(s) the participant is enrolled in for the current plan year	Plan year for the reporting period	Dollar amount of the reimbursed claim	Status of the reimbursed claim
Identifier	Participant Name	Method	Payment No.	Reim Date	Effective Date	Plan	Plan Year	Amount	Status
1111	Name, Sample	DD	0000115746	1/3/20XX	1/3/20XX	Dependent Care	01/01/20XX-12/31/20XX	\$7.84	Paid
2222	Name, Sample	DD	0000115747	1/3/20XX	1/3/20XX	Combination FSA	01/01/20XX-12/31/20XX	\$173.68	Paid
3333	Name, Sample	DD	0000115748	1/3/20XX	1/3/20XX	Combination FSA	01/01/20XX-12/31/20XX	\$96.15	Paid
4444	Name, Sample	DD	0000115749	1/3/20XX	1/3/20XX	Dependent Care	01/01/20XX-12/31/20XX	\$75.00	Paid
5555	Name, Sample	DD	0000116418	1/4/20XX	1/4/20XX	Health FSA	01/01/20XX-12/31/20XX	\$623.10	Paid
6666	Name, Sample	DD	0000116810	1/6/20XX	1/6/20XX	Dependent Care	01/01/20XX-12/31/20XX	\$400.00	Paid
7777	Name, Sample	DD	0000117191	1/9/20XX	1/9/20XX	Health FSA	01/01/20XX-12/31/20XX	\$96.15	Paid
8888	Name, Sample	DD	0000117192	1/9/20XX	1/9/20XX	Dependent Care	01/01/20XX-12/31/20XX	\$961.40	Paid
9999	Name, Sample	DD	0000117643	1/12/20XX	1/12/20XX	Health FSA	01/01/20XX-12/31/20XX	\$119.00	Paid
<b>Total:</b>								<b>\$2,552.32</b>	

**Debit Card:** The individual dollar amount of debit card transactions for the reporting period.

Participant ID as assigned by the Employer	Name of the participant enrolled in the plan	Plan(s) the participant is enrolled in for the current plan year	Plan year for the reporting period	Date debit card transaction pulled funds	Date debit card transaction settlement was completed	Dollar amount of the reimbursed claim	Status of the reimbursed claim
Identifier	Participant Name	Plan	Plan Year	Effective Date	Settlement Date	Amount	Status
1111	Name, Sample	Health FSA	01/01/20XX-12/31/20XX	1/3/20XX	1/3/20XX	\$224.90	Paid
2222	Name, Sample	Combination FSA	01/01/20XX-12/31/20XX	1/3/20XX	1/3/20XX	\$14.10	Paid
3333	Name, Sample	Parking Account	01/01/20XX-12/31/20XX	1/4/20XX	1/4/20XX	\$158.00	Paid
4444	Name, Sample	Health FSA	01/01/20XX-12/31/20XX	1/6/20XX	1/6/20XX	\$24.99	Paid
5555	Name, Sample	Combination FSA	01/01/20XX-12/31/20XX	1/6/20XX	1/6/20XX	\$5.00	Paid
6666	Name, Sample	Dependent Care	01/01/20XX-12/31/20XX	1/10/20XX	1/10/20XX	\$79.00	Paid
7777	Name, Sample	Health FSA	01/01/20XX-12/31/20XX	1/17/20XX	1/17/20XX	\$369.12	Paid
8888	Name, Sample	Health FSA	01/01/20XX-12/31/20XX	1/24/20XX	1/24/20XX	\$22.02	Paid
9999	Name, Sample	Transit Account	01/01/20XX-12/31/20XX	1/27/20XX	1/27/20XX	\$134.06	Paid
<b>Total:</b>						<b>\$1,031.19</b>	

**Repayment:** The individual dollar amount received from the participants for plan repayments.

Participant ID as assigned by the Employer	Name of the participant enrolled in the plan.	Method used for reimbursement (see key below)	Internal reference number for claim being repaid	Date repayment was made back to the plan	Plan in which the repayment was made to	Plan year for the reporting period	Dollar amount of claim to be paid back to the plan
1111	Name, Sample	CK	23411160819D0001001	1/3/20XX	Dependent Care	01/01/20XX-12/31/20XX	(\$34.00)
2222	Name, Sample	CK	23411160207D0001501	1/23/20XX	Health FSA	01/01/20XX-12/31/20XX	(\$22.12)
3333	Name, Sample	EFT	23411170107D0002401	1/24/20XX	Health FSA	01/01/20XX-12/31/20XX	(\$50.00)
<b>Total:</b>							<b>(\$106.12)</b>

Identifier	Participant Name	Method	Claim No.	Effective Date	Plan	Plan Year	Amount
1111	Name, Sample	CK	23411160819D0001001	1/3/20XX	Dependent Care	01/01/20XX-12/31/20XX	(\$34.00)
2222	Name, Sample	CK	23411160207D0001501	1/23/20XX	Health FSA	01/01/20XX-12/31/20XX	(\$22.12)
3333	Name, Sample	EFT	23411170107D0002401	1/24/20XX	Health FSA	01/01/20XX-12/31/20XX	(\$50.00)

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

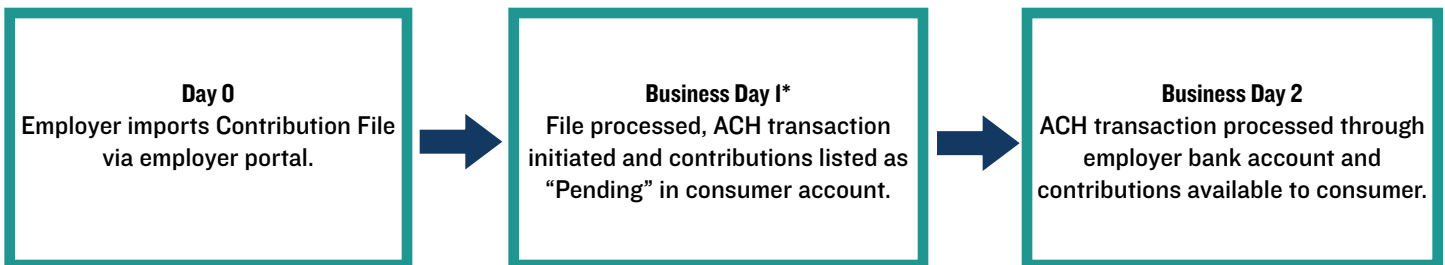
### Monthly Commuter Voucher Report — Available on the 1<sup>st</sup> of Each Month

This report provides data for participant SmartCommute™ orders for the prior month.

Commuter Voucher Report								
Company ID	Employee Number	First Name	Last Name	Benefit Month	Transaction Type	Pre Tax Amount	Division	Available Balance
11111	12345	Sample	Name	02/20XX	TRANSIT	\$75.00	ABC	(\$85.26)
11111	23456	Sample	Name	02/20XX	TRANSIT	\$120.00	DEF	(\$90.00)
11111	34567	Sample	Name	02/20XX	PARK	\$95.00	GHI	(\$25.77)
11111	45678	Sample	Name	02/20XX	TRANSIT	\$100.00	XYZ	(\$75.00)
11111	56789	Sample	Name	02/20XX	TRANSIT	\$255.00	ABC	\$894.14
11111	98765	Sample	Name	02/20XX	TRANSIT	\$100.00	DEF	(\$42.31)
11111	87654	Sample	Name	02/20XX	TRANSIT	\$100.00	GHI	\$147.00
11111	65432	Sample	Name	02/20XX	TRANSIT	\$150.00	XYZ	(\$166.15)
11111	43219	Sample	Name	02/20XX	PARK	\$100.00	ABC	(\$52.92)
11111	96385	Sample	Name	02/20XX	TRANSIT	\$200.00	DEF	\$75.69
11111	74185	Sample	Name	02/20XX	TRANSIT	\$110.00	GHI	(\$27.72)

### 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.



\* Timing illustrates Contribution Files processed prior to 2 p.m. each day. For files processed after 2 p.m., funds are applied on Business Day 3.

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:

A correction file listing new amounts for a contribution date can be sent if the contribution date listed on the original file is in the future. When the file is successfully corrected, this will result in separate ACH withdrawals for each date. If another file containing the same contribution date and same participants is imported the same day or once the contribution date has occurred, the file will error.



## 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.

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 must have their demographic information validated before participants can use the account (USA PATRIOT ACT). Through this process, Aptia will verify the participant's information against a government database. If we are unable to confirm the demographic information against the government database, their account will go into a hold state. While in a hold state, the participant will not have access to their contributions.

If, for any reason, the account goes into a hold state, our Participant Services team will reach out to the participant. They will help gather documentation to verify the information causing the account to be pending. If no resolution is found after two attempts to contact the participant, you will be contacted for a resolution.

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, we will begin the process of closing the account. If an HSA 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 an HSA that has been closed due to a hold state.

HSA REPORTS				
REPORTS	DATES AVAILABLE	DESCRIPTION	WHY USE THIS REPORT	HOW TO OBTAIN
<a href="#">HSA Account Detail Report (Detail Version)</a>	1 <sup>st</sup> of month or on demand	Provides HSA contribution detail and shows any adjustment distributions returning funds to the employer for one of the following reasons: 1. HSA Mistaken Contribution Form 2. HSA closure due to no response in regard to the Patriot Act verification process	This report can be used to review all contribution amount(s) and date(s) that have posted to a participants' account.	Reports Tab on the Employer Portal.
<a href="#">HSA Account Detail Report (Summary Version)</a>	1 <sup>st</sup> of month or on demand	Provides aggregate contributions for prior and current tax year. If a participant's account is blocked, the account status will show as pending and an "N" will be listed in the IDV column.	This report can be used to reconcile the year to date payroll deductions and/or employer contributions that have posted to a participants' account with what was deducted through payroll.	Reports Tab on the Employer Portal.
<a href="#">HSA Closed Report</a>	1 <sup>st</sup> of the month	Provides a list of individuals whose HSA closed within the previous month. This report does not specify between an account closed by the participant or due to non-responsive requests to verify a blocked account.	This report can be used to find a participant whose HSA was closed the prior month.	Reports Tab on the Employer Portal.
<a href="#">HSA Employer Summary Report</a>	1 <sup>st</sup> of the month	Provides aggregate monthly HSA statistics and balances. It includes average account balances, distributions and contributions.	This report can be used to review the average account balances, distributions and contributions for your HSA participants.	Reports Tab on the Employer Portal.

## HSA REPORTS

<a href="#">HSA Funding Collection Notification</a>	Daily (if there are funds on hold) or whenever a contribution file is imported with HSA contributions.	This is an activity based report that includes the amount the employer will fund for payroll and employer contributions based on the imported contribution file.	This report can be used to confirm the HSA funding date and funding amounts that will be debited from your bank account as well as a breakdown for each participant.	Reports Tab on the Employer Portal.
<a href="#">HSA Reopen Report</a>	1 <sup>st</sup> of the month	Provides a list of individuals whose HSA was reopened within the previous month. This report doesn't specify between an account closed by the participant or due to non-responsive requests to verify a blocked account.	This report can be used to find a participant who re-opened their HSA the prior month.	Reports Tab on the Employer Portal.

## 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 Account Detail Report (Detail Version) — Available on the 1<sup>st</sup> 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.

Division assigned to the participant	Participant ID as assigned by the employer	Name of the participant enrolled in the plan			Amount of the contribution	Type of contribution (Employer or Payroll)	Tax year in which the funds posted to the participants' HSA	Date the contribution processed into the participants' HSA	Description of the contribution that displays on the participants' account, date reflects what was listed on the contribution file.
Division	Identifier	Last Name	First Name	MI	Amount	Contribution Type	Tax Year	Processed Date	Note
ABC	11111	Name	Sample		\$40.00	Payroll Deduction	20XX	02/21/20XX	02/17/20XX Payroll Deduction
ABC	11111	Name	Sample		\$40.00	Payroll Deduction	20XX	02/06/20XX	02/03/20XX Payroll Deduction
ABC	11111	Name	Sample		\$900.00	Employer Contribution	20XX	01/09/20XX	01/06/20XX Employer Contribution
DEF	22222	Name2	Sample	L	\$60.38	Payroll Deduction	20XX	02/21/20XX	02/17/20XX Payroll Deduction
DEF	22222	Name2	Sample	L	\$60.38	Payroll Deduction	20XX	02/06/20XX	02/03/20XX Payroll Deduction
DEF	22222	Name2	Sample	L	\$60.38	Payroll Deduction	20XX	01/23/20XX	01/20/20XX Payroll Deduction
DEF	22222	Name2	Sample	L	\$450.00	Employer Contribution	20XX	01/09/20XX	01/06/20XX Employer Contribution
ABC	33333	Name3	Sample	A	\$19.23	Payroll Deduction	20XX	02/21/20XX	02/17/20XX Payroll Deduction
ABC	33333	Name3	Sample	A	\$19.23	Payroll Deduction	20XX	02/06/20XX	02/03/20XX Payroll Deduction
GHI	44444	Name4	Sample	O	\$900.00	Employer Contribution	20XX	01/09/20XX	01/06/20XX Employer Contribution

### HSA Account Detail Report (Summary Version) — Available on the 1<sup>st</sup> 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. Participants that are pending Patriot Act verification will have 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-K

Participant ID as assigned by the Employer	Name of the participant enrolled in the plan			Employment Status of the participant	Effective date of the last status effective date	Date the account was created	Status of the HSA; can be Active or Inactive	Coverage level of the HDHP for the participant; this drives the annual IRS maximum amount for the participant's HSA	Identity Verification will show if a participant is pending Patriot Act verification	This indicates that the participant has accepted the terms and conditions associated with an HSA
Identifier	Last Name	First Name	MI	Employment Status	Employment Status Effective Date	Account Creation Date	Account Status	HDHP Coverage Level	IDV	Agreements
02631	Name	Sample	P	Active	06/02/2014	12/15/20XX	Active	Individual	Y	Y
00299	Name	Sample	C	Active	10/04/1976	11/17/20XX	Inactive	Individual	Y	Y
02589	Name	Sample	E	Active	12/16/2013	12/15/20XX	Active	Individual	Y	Y
01665	Name	Sample	A	Active	11/08/2004	12/15/20XX	Active	Individual	Y	Y

**Columns L-W**

Payroll Deductions that posted for the current reporting period	Employer Contributions that posted for the current reporting period	Total contributions (Payroll and Employer) that posted for the current reporting period	YTD Payroll Deductions that posted for the current reporting period	YTD Employer Contributions that posted for the current reporting period	YTD Total Contributions that posted for the current reporting period	Prior Tax Year YTD Payroll Deductions that posted	Prior Tax Year YTD Employer Contributions that posted	Prior Tax Year YTD Total Contributions (Payroll and Employer) that posted for the current reporting period	YTD current tax year Payroll Deductions that posted for the current reporting period	YTD current tax year Employer Contributions that posted for the current reporting period	Total YTD current tax year contributions (Payroll and Employer) that posted for the current reporting period
Current Period Payroll Deductions	Current Period Employer Contributions	Current Period Total Contributions	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 Total Contributions	Current Tax Year YTD Payroll Deductions	Current Tax Year YTD Employer Contributions	Current Tax Year YTD Total Contributions
\$100.00	\$0.00	\$100.00	\$100.00	\$0.00	\$100.00	\$0.00	\$0.00	\$0.00	\$100.00	\$0.00	\$100.00
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$80.00	\$0.00	\$80.00	\$80.00	\$0.00	\$80.00	\$0.00	\$0.00	\$0.00	\$80.00	\$0.00	\$80.00
\$61.54	\$0.00	\$61.54	\$61.54	\$0.00	\$61.54	\$0.00	\$0.00	\$0.00	\$61.54	\$0.00	\$61.54
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$160.00	\$0.00	\$160.00	\$160.00	\$0.00	\$160.00	\$0.00	\$0.00	\$0.00	\$160.00	\$0.00	\$160.00
\$200.00	\$0.00	\$200.00	\$200.00	\$0.00	\$200.00	\$0.00	\$0.00	\$0.00	\$200.00	\$0.00	\$200.00
\$92.30	\$0.00	\$92.30	\$92.30	\$0.00	\$92.30	\$0.00	\$0.00	\$0.00	\$92.30	\$0.00	\$92.30
\$19.96	\$0.00	\$19.96	\$19.96	\$0.00	\$19.96	\$0.00	\$0.00	\$0.00	\$19.96	\$0.00	\$19.96

**HSA Closed Report – Available on the 1<sup>st</sup> 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.

Custom Scheduled Closed HSA Report						
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

**HSA Employer Summary Report – Available on the 1<sup>st</sup> 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
<b>Total Balance</b>	<b>\$0.00</b>	<b>\$2,400.00</b>	<b>\$3,100.00</b>

Transaction Summary			
Current Period	Amount	#	Year to Date
Contributions	\$500.00	21	\$900.00 42
Distributions	(\$300.00)	5	(\$800.00) 10
Fees	(\$300.00)	5	(\$300.00) 5
Interest	\$3.00	3	\$4.00 4
Pending Contributions	\$75.00	1	
Pending Distributions	--	--	

Contributions			
Current Period	Amount	#	Year to Date
Payroll Deductions	\$400.00	20	\$800.00 40
Employer Contributions	\$0.00	0	\$1,000.00 20
Other Contributions	\$100.00	10	\$100.00 10
Prior Tax Year Payroll Deductions	\$0.00	0	\$0.00 0
Prior Tax Year Employer Contributions	\$0.00	0	\$0.00 0
Prior Tax Year Other Contributions	\$0.00	0	\$0.00 0
<b>Total Deposits</b>	<b>\$503.00</b>	<b>30</b>	<b>\$1,904.00 70</b>

Contributions by Tax Year			
2010 Year to Date	Amount	#	2011 Year to Date
Payroll Deductions	\$20,000.00	2,600	\$800.00 40
Employer Contributions	\$5,000.00	0	\$1,000.00 20

Fees			
Current Period	Amount	#	Year to Date
Employee Paid Fees	\$0.00	25	\$100.00 50
Employer Paid Fees	\$25.00	5	\$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	
Account Type	#
Investment	3

Accounts		
	Current Period	Year to Date
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

### HSA 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			
<b>SUMMARY</b>			
FUNDS TO BE COLLECTED			
Funding will be pulled as described below.			
Contribution Type	Amount	Funding Account	Funding Date
Employer Contribution	\$500.00	xxxxxxx333	11/30/2010
Employee Payroll Deduction	\$0.00	xxxxxxx333	11/30/2010
<b>Totals</b>	<b>\$500.00</b>		
<b>FUNDS ON HOLD</b>			
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		
<b>Totals</b>	<b>\$0.00</b>		

Sample Company, Inc. HSA Plan Funding Collection Notification Create Date: 11/29/2010				
<b>FUNDS TO BE COLLECTED</b>				
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
<b>Totals:</b>		<b>\$500.00</b>	<b>\$0.00</b>	<b>\$500.00</b>
<b>FUNDS ON HOLD</b>				
<b>Totals:</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

### HSA Reopen Report — Available on the 1<sup>st</sup> 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.

#### Re-Opened HSA's

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		
<b>File Statistics</b>		
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
<b>Payroll Deduction Summary</b>		
Payroll deduction date	11/7/2012	
Total processed	9	\$525.00
<b>Employer Contribution Summary</b>		
Employer contribution date	11/7/2012	
Total processed	9	\$2,000.00