Your Healthcare Account Statement

For Account

9898604642

For the Account of SANGAMESHWAR NEELA 3449 VINTAGE CIR SE SMYRNA GA 30080-3813

Savings You Can Count On: If and When You Need It

Protect Your Health and Your Wealth

See Inside for Details.





Your Healthcare Account Statement

July 1, 2020 through September 30, 2020

Sign Up for More Fraud Protection

Introducing **Visa Purchase Alerts**—a program designed to detect fraudulent transactions on your HSA Visa Debit Card. When you enroll in Visa Purchase Alerts, you'll receive real-time text alerts or emails about suspicious activity, like a store purchase in London when you're home in bed in the U.S.

It's simple to enroll:

- Go to purchasealerts.visa.com/vca-web/check, and see if your card is available.
- 2. Register your mobile device and email to receive Visa Purchase Alerts.
- 3. Choose the notification triggers that match your needs (i.e., transactions that exceed a set spending limit).

If you're alerted to something suspicious, you can contact the 800 number on the back of your HSA debit card to report suspicious transactions.

2021 HSA Contribution Limits

HSAs are a great way to save and invest your money for healthcare and future medical costs. In 2021, you can save even more in your HSA: self-only coverage contribution limits will go up by \$50 for a total of \$3,600 annually and family coverage contribution limits will increase by \$100 for a total of \$7,200 annually.

	2020			2021		
HSA Contribution Limit	Self-only:	\$	3,550	Self-only:	\$	3,600
1SA Contribution Limit	Family:	\$	7,100	Family:	\$	7,200
HSA Catch-up Contributions (age 55 or older)		\$	1,000		\$	1,000
IIDIIDi-i d- dtibl	Self-only:	\$	1,400	Self-only:	\$	1,400
HDHP minimum deductibles	Family:	\$	2,800	Family:	\$	2,800
HDHP maximum out-of-pocket amounts	Self-only:	\$	6,900	Self-only:	\$	7,000
	Family:	\$	13,800	Family:	\$	14,000





Account Information

Account Registration SANGAMESHWAR NEELA 3449 VINTAGE CIR SE SMYRNA GA 30080-3813

Fair Market Value as of September 30, 2020



For Your Information

¹ Funds in this account are insured by the FDIC to the maximum permitted by law

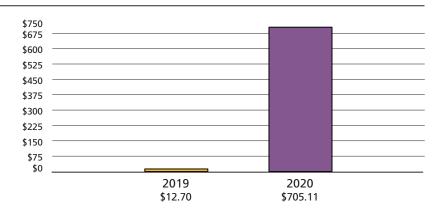
Your Healthcare Account Statement

July 1, 2020 through September 30, 2020 Account Number 9898604642

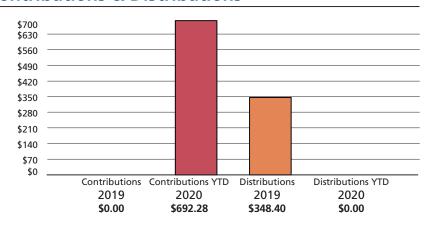
Contact Information:

800-555-4954

Fair Market Value



Contributions & Distributions







Your Deposit Account Statement

July 1, 2020 through September 30, 2020 Account Number 9898604642

Deposit Account Detail*

Beginning Balance on 07/01/20	\$474.28	Number of Days In Statement Period	92
Contributions And Other Credits Distributions From Your Account Service Charge Interest Paid This Period Ending Balance as of 09/30/20	\$230.76 \$0.00 \$0.00 \$0.07 \$705.11	Annual Percentage Yield Earned Average Daily Balance This Period Interest Paid Year-To-Date	0.05% \$611.00 \$0.13

Account Transactions

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Date	Transaction Description	Amount
07/06/20	CURRENT YEAR CONTRIBUTION	+ \$19.23
07/06/20	EMPLOYER CURRENT YEAR CONTRIBUTION	+ \$19.23
07/17/20	CURRENT YEAR CONTRIBUTION	+ \$19.23
07/17/20	EMPLOYER CURRENT YEAR CONTRIBUTION	+ \$19.23
07/31/20	CURRENT YEAR CONTRIBUTION	+ \$19.23
07/31/20	EMPLOYER CURRENT YEAR CONTRIBUTION	+ \$19.23
07/31/20	INTEREST PAYMENT GENERATED	+ \$0.02
08/14/20	CURRENT YEAR CONTRIBUTION	+ \$19.23
08/14/20	EMPLOYER CURRENT YEAR CONTRIBUTION	+ \$19.23
08/28/20	CURRENT YEAR CONTRIBUTION	+ \$19.23
08/28/20	EMPLOYER CURRENT YEAR CONTRIBUTION	+ \$19.23
08/31/20	INTEREST PAYMENT GENERATED	+ \$0.03
09/11/20	CURRENT YEAR CONTRIBUTION	+ \$19.23
09/11/20	EMPLOYER CURRENT YEAR CONTRIBUTION	+ \$19.23
09/30/20	INTEREST PAYMENT GENERATED	+ \$0.02

^{*} Funds in your HSA Deposit Account are held at UMB Bank, n.a. Member FDIC. Funds in this account are insured by the FDIC to the maximum permitted by law.

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSACTIONS, PLEASE CALL US OR WRITE US AT THE PHONE NUMBER OR ADDRESS SHOWN ON THIS STATEMENT AS SOON AS YOU CAN.

If you think your statement or receipt is wrong, or if you need more information about a transfer listed on the statement or receipt, we must hear from you no later than 60 days after we send the FIRST statement on which the problem or error appeared.

- Tell us your name and account number
- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
- Tell us the dollar amount of the suspected error.





Your Deposit Account Statement

July 1, 2020 through September 30, 2020 Account Number 9898604642

Deposit Account Detail (continued)*

If you tell us orally, we may require that you send us your complaint or question in writing within ten (10) business days.

We will determine whether an error occurred within ten (10) business days after we hear from you and will correct any error promptly. If we need more time, however, we may take up to 45 days to investigate your complaint or question. If we decide to do this, we will credit your account within ten (10) business days for the amount you think is in error so that you will have the use of the money during the time it takes us to complete our investigation. If we ask you to put your complaint or question in writing and we do not receive it within ten (10) business days, we may not credit your account.

For errors involving new accounts, point-of-sale, or foreign-initiated transactions, we may take up to 90 days to investigate your complaint or question. For new accounts, we may take up to 20 business days to credit your account for the amount you think is in error.

We will tell you the results within three (3) business days after completing our investigation. If we decide that there was no error, we will send you a written explanation. You may ask for copies of the documents that we used in our investigation.



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