

UMB Bank, n.a.  
PO Box 161238  
Altamonte Springs, FL 32714

ARUNKUMAR DHANDAPANI  
2744 SW VILLA WEST DR 82  
TOPEKA, KS 66614

Mercer Marketplace 365+™



**Account Number** 72575270007926900  
**Last Statement Date**  
**This Statement Date** 03/31/2023  
**Total Days in Statement Period** 113

### Health Savings Account Statement

Your HSA Deposit Account is FDIC insured up to current limits allowed by law

For questions about this Statement, please call the number in the Disclosures section of this statement or on the back of your HSA debit card.

For inquiries about your benefits, please contact:

Mercer Marketplace 365  
PO Box 424  
Escondido, California 92033  
866-268-0142  
myflexbenefits@tri-ad.mercermarketplace365.com

## Account Statement

**Account Number:** 72575270007926900

<b>Beginning Balance</b>	0.00	<b>Annual Percentage Yield Earned (APY)</b>	0.04 %
<b>Additions</b>	749.97	<b>Average Balance for APY</b>	320.81
<b>Subtractions</b>	0.00	<b>Interest Earned</b>	0.03
<b>Ending Balance</b>	749.97	<b>Current Tax Year Contributions To Date</b>	749.94
<b>Total Investment Balance</b>	0.00	<b>Current Tax Year Distributions To Date</b>	0.00

### Overdraft and Returned Item Fees

Fee Type	Total for this Period	Total Year-to-Date
Total Overdraft Fees	0.00	0.00
Total Returned Item Fees	0.00	0.00

## Account Activity Detail

### Additions

Date	Description	HSA Transaction Type	Amount
01/13	Payroll Deposit - Employee	Normal Contribution	104.16
01/13	Payroll Deposit - Employer	Normal Contribution – Employer	20.83
01/31	Payroll Deposit - Employee	Normal Contribution	104.16

**Additions (Continued)**

<b>Date</b>	<b>Description</b>	<b>HSA Transaction Type</b>	<b>Amount</b>
01/31	Payroll Deposit - Employer	Normal Contribution – Employer	20.83
02/16	Payroll Deposit - Employee	Normal Contribution	104.16
02/16	Payroll Deposit - Employer	Normal Contribution – Employer	20.83
02/28	INTEREST PAYMENT Interest payment	Non Reportable	0.01
02/28	Payroll Deposit - Employer	Normal Contribution – Employer	20.83
02/28	Payroll Deposit - Employee	Normal Contribution	104.16
03/16	Payroll Deposit - Employer	Normal Contribution – Employer	20.83
03/16	Payroll Deposit - Employee	Normal Contribution	104.16
03/31	Payroll Deposit - Employer	Normal Contribution – Employer	20.83
03/31	INTEREST PAYMENT Interest payment	Non Reportable	0.02
03/31	Payroll Deposit - Employee	Normal Contribution	104.16
<b>Total Additions</b>			<b>749.97</b>

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<b>Account Number</b>	72575270007926900
<b>Last Statement Date</b>	
<b>This Statement Date</b>	03/31/2023
<b>Total Days in Statement Period</b>	113

## DISCLOSURES

For inquiries about your HSA Account, please contact:

UMB Bank

PO Box 161238

Altamonte Springs, FL 32714

844-383-9826

Ending Balance: Funds in this account are insured by the FDIC to the maximum permitted by law.

Investment Balance: Investments in Mutual Funds are: NOT FDIC INSURED / HAVE NO BANK GUARANTEE / MAY LOSE VALUE

Mutual Funds offered through Devenir, LLC member FINRA.

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**Account Number** 72575270007926900  
**Last Statement Date** 03/31/2023  
**This Statement Date** 06/30/2023  
**Total Days in Statement Period** 91

### Health Savings Account Statement

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[myflexbenefits@tri-ad.mercermarketplace365.com](mailto:myflexbenefits@tri-ad.mercermarketplace365.com)

## Account Statement

**Account Number:** 72575270007926900

<b>Beginning Balance</b>	749.97	<b>Annual Percentage Yield Earned (APY)</b>	0.04 %
<b>Additions</b>	750.04	<b>Average Balance for APY</b>	1,074.14
<b>Subtractions</b>	0.00	<b>Interest Earned</b>	0.10
<b>Ending Balance</b>	1,500.01	<b>Current Tax Year Contributions To Date</b>	1,499.88
<b>Total Investment Balance</b>	0.00	<b>Current Tax Year Distributions To Date</b>	0.00

### Overdraft and Returned Item Fees

Fee Type	Total for this Period	Total Year-to-Date
Total Overdraft Fees	0.00	0.00
Total Returned Item Fees	0.00	0.00

## Account Activity Detail

### Additions

Date	Description	HSA Transaction Type	Amount
04/14	Payroll Deposit - Employer	Normal Contribution – Employer	20.83
04/14	Payroll Deposit - Employee	Normal Contribution	104.16
04/28	Payroll Deposit - Employer	Normal Contribution – Employer	20.83

**Additions (Continued)**

<b>Date</b>	<b>Description</b>	<b>HSA Transaction Type</b>	<b>Amount</b>
04/28	Payroll Deposit - Employee	Normal Contribution	104.16
04/30	INTEREST PAYMENT Interest payment	Non Reportable	0.02
05/16	Payroll Deposit - Employer	Normal Contribution – Employer	20.83
05/16	Payroll Deposit - Employee	Normal Contribution	104.16
05/31	Payroll Deposit - Employee	Normal Contribution	104.16
05/31	Payroll Deposit - Employer	Normal Contribution – Employer	20.83
05/31	INTEREST PAYMENT Interest payment	Non Reportable	0.04
06/15	Payroll Deposit - Employee	Normal Contribution	104.16
06/15	Payroll Deposit - Employer	Normal Contribution – Employer	20.83
06/30	Payroll Deposit - Employee	Normal Contribution	104.16
06/30	Payroll Deposit - Employer	Normal Contribution – Employer	20.83
06/30	INTEREST PAYMENT Interest payment	Non Reportable	0.04
<b>Total Additions</b>			<b>750.04</b>

<b>Account Number</b>	72575270007926900
<b>Last Statement Date</b>	03/31/2023
<b>This Statement Date</b>	06/30/2023
<b>Total Days in Statement Period</b>	91

## DISCLOSURES

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UMB Bank

PO Box 161238

Altamonte Springs, FL 32714

844-383-9826

Ending Balance: Funds in this account are insured by the FDIC to the maximum permitted by law.

Investment Balance: Investments in Mutual Funds are: NOT FDIC INSURED / HAVE NO BANK GUARANTEE / MAY LOSE VALUE

Mutual Funds offered through Devenir, LLC member FINRA.

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**Account Number** 72575270007926900  
**Last Statement Date** 06/30/2023  
**This Statement Date** 09/30/2023  
**Total Days in Statement Period** 92

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## Account Statement

**Account Number:** 72575270007926900

<b>Beginning Balance</b>	1,500.01	<b>Annual Percentage Yield Earned (APY)</b>	0.04 %
<b>Additions</b>	750.13	<b>Average Balance for APY</b>	1,820.69
<b>Subtractions</b>	0.00	<b>Interest Earned</b>	0.19
<b>Ending Balance</b>	2,250.14	<b>Current Tax Year Contributions To Date</b>	2,249.82
<b>Total Investment Balance</b>	0.00	<b>Current Tax Year Distributions To Date</b>	0.00

### Overdraft and Returned Item Fees

Fee Type	Total for this Period	Total Year-to-Date
Total Overdraft Fees	0.00	0.00
Total Returned Item Fees	0.00	0.00

## Account Activity Detail

### Additions

Date	Description	HSA Transaction Type	Amount
07/14	Payroll Deposit - Employer	Normal Contribution – Employer	20.83
07/14	Payroll Deposit - Employee	Normal Contribution	104.16
07/31	INTEREST PAYMENT Interest payment	Non Reportable	0.06

**Additions (Continued)**

<b>Date</b>	<b>Description</b>	<b>HSA Transaction Type</b>	<b>Amount</b>
08/01	Payroll Deposit - Employee	Normal Contribution	104.16
08/01	Payroll Deposit - Employer	Normal Contribution – Employer	20.83
08/15	Payroll Deposit - Employee	Normal Contribution	104.16
08/15	Payroll Deposit - Employer	Normal Contribution – Employer	20.83
08/31	INTEREST PAYMENT Interest payment	Non Reportable	0.06
08/31	Payroll Deposit - Employee	Normal Contribution	104.16
08/31	Payroll Deposit - Employer	Normal Contribution – Employer	20.83
09/15	Payroll Deposit - Employer	Normal Contribution – Employer	20.83
09/15	Payroll Deposit - Employee	Normal Contribution	104.16
09/29	Payroll Deposit - Employer	Normal Contribution – Employer	20.83
09/29	Payroll Deposit - Employee	Normal Contribution	104.16
09/30	INTEREST PAYMENT Interest payment	Non Reportable	0.07
<b>Total Additions</b>			<b>750.13</b>



<b>Account Number</b>	72575270007926900
<b>Last Statement Date</b>	06/30/2023
<b>This Statement Date</b>	09/30/2023
<b>Total Days in Statement Period</b>	92

## DISCLOSURES

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6123 SW 27TH ST APT 07  
TOPEKA, KS 66614

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**Account Number** 72575270007926900  
**Last Statement Date** 09/30/2023  
**This Statement Date** 12/31/2023  
**Total Days in Statement Period** 92

### Health Savings Account Statement

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## Account Statement

**Account Number:** 72575270007926900

<b>Beginning Balance</b>	2,250.14	<b>Annual Percentage Yield Earned (APY)</b>	0.04 %
<b>Additions</b>	750.21	<b>Average Balance for APY</b>	2,576.28
<b>Subtractions</b>	0.00	<b>Interest Earned</b>	0.27
<b>Ending Balance</b>	3,000.35	<b>Current Tax Year Contributions To Date</b>	2,999.76
<b>Total Investment Balance</b>	0.00	<b>Current Tax Year Distributions To Date</b>	0.00

### Overdraft and Returned Item Fees

Fee Type	Total for this Period	Total Year-to-Date
Total Overdraft Fees	0.00	0.00
Total Returned Item Fees	0.00	0.00

## Account Activity Detail

### Additions

Date	Description	HSA Transaction Type	Amount
10/13	Payroll Deposit - Employer	Normal Contribution – Employer	20.83
10/13	Payroll Deposit - Employee	Normal Contribution	104.16
10/31	Payroll Deposit - Employee	Normal Contribution	104.16

**Additions (Continued)**

<b>Date</b>	<b>Description</b>	<b>HSA Transaction Type</b>	<b>Amount</b>
10/31	Payroll Deposit - Employer	Normal Contribution – Employer	20.83
10/31	INTEREST PAYMENT Interest payment	Non Reportable	0.08
11/16	Payroll Deposit - Employee	Normal Contribution	104.16
11/16	Payroll Deposit - Employer	Normal Contribution – Employer	20.83
11/30	Payroll Deposit - Employee	Normal Contribution	104.16
11/30	INTEREST PAYMENT Interest payment	Non Reportable	0.09
11/30	Payroll Deposit - Employer	Normal Contribution – Employer	20.83
12/15	Payroll Deposit - Employee	Normal Contribution	104.16
12/15	Payroll Deposit - Employer	Normal Contribution – Employer	20.83
12/29	Payroll Deposit - Employee	Normal Contribution	104.16
12/29	Payroll Deposit - Employer	Normal Contribution – Employer	20.83
12/31	INTEREST PAYMENT Interest payment	Non Reportable	0.10
<b>Total Additions</b>			<b>750.21</b>

Your annual privacy notice is available for viewing by copying the following link into your browser:

<https://bit.ly/3Tgo0kP>

<b>Account Number</b>	72575270007926900
<b>Last Statement Date</b>	09/30/2023
<b>This Statement Date</b>	12/31/2023
<b>Total Days in Statement Period</b>	92

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