



P. O. Box 939  
Sheboygan, WI 53082

**Period:** 1/1/2024 - 1/31/2024  
 Participant Account ID: xxxxxx3117  
 Debit Card Number: x6504  
 Cigna Customer Service : (800) 244-6224  
 Online: myCigna.com

SUDARSHAN SURANGE  
 455 14TH ST. NW GA #265  
 ATLANTA, GA 30318-0000

**Available Balances as of 1/31/2024**

Account Type	Opening Balance	Ending Balance	Average Daily Balance	Annual Percentage Yield Earned
HSA Cash Account				
1/1/2024 - 1/31/2024	\$0.00	\$542.45	\$517.81	0.09%
<b>Total Balance</b>	\$0.00	\$542.45		

**Transaction Summary for HSA Cash Account**

Current Period	
Deposits:	\$542.41
Withdrawals:	\$0.00
Transfer to Investments:	\$0.00
Transfer from Investments:	\$0.00
Interest Earned:	\$0.04

Year To Date	
Deposits:	\$542.41
Withdrawals:	\$0.00
Transfer to Investments:	\$0.00
Transfer from Investments:	\$0.00
Interest Earned:	\$0.04

**Overdraft and Returned Item Fees**

	Total For This Period	Total Year-to-Date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00



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### Transaction Details for HSA Cash Account

Date	Method	Description	Deposits	Withdrawals	Balance	Notes
01/01/2024	EFT	Employer Contribution	\$500.00		\$500.00	CONTRIBUTION 2024
01/01/2024	EFT	Participant Contribution	\$0.01		\$500.01	HSA BANK DEPOSIT TO ESTABLISH ACCOUNT
01/12/2024	EFT	Payroll Deduction		\$21.25	\$521.26	Employee Pre Tax Contribution
01/26/2024	EFT	Payroll Deduction		\$21.15	\$542.41	Employee Pre Tax Contribution
01/31/2024	None	Interest		\$0.04	\$542.45	



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**In Case of Errors or Questions About Electronic Transfers**

If you need more information about an electronic transfer, or you think there is an error on your statement that pertains to an electronic transfer, please call us as soon as possible at the phone number listed on the front of this statement. Errors must be reported to us no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

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

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days (20 business days if the error involved a "point-of-sale" debit card transaction or a transfer initiated outside of the United States) to do this, we will re-credit your account for the amount you think is in error so that you will have use of the money during the time it takes us to complete our investigation. Once the investigation is complete, if we determine that HSA Bank is not at fault for the error, the re-credited funds may be deducted from your account.

If you would like to confirm that an automatic deposit to your account has been made as scheduled, please call us during normal business hours at the phone number designated on the front of this statement or login to your account online.

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