



# HSA

## ENROLLMENT BOOKLET

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# Top 10 Reasons to Have an HSA

## 1. Tax Savings

HSA contributions can be deducted from gross income on your federal tax return, even if you do not itemize deductions. Many states also allow the deduction from state income taxes.

## 2. Earned Interest

Funds in your HSA grow with tax-deferred interest.

## 3. Portability

You own your Health Savings Account, so even if you change jobs, your HSA funds go with you.

## 4. Affordable Health Coverage

Use your HSA to cover 100% of the cost of medical expenses such as office visits, lab tests, hospitalizations, ER visits, dental care, vision care, and prescriptions.

## 5. Reduced Insurance Premiums

Your insurance premiums can be substantially lower when you change from a low-deductible health plan to a high-deductible plan.

## 6. Long-Term Savings

Because your funds roll over from year to year, you can let the funds in your account grow tax-deferred. It's like having a second retirement account.

## 7. Retirement Bonus

After age 65, you may make withdrawals from your HSA for any reason, without the 20% penalty imposed for non-medical withdrawals made before age 65. (Note: You'll still have to pay taxes on the money withdrawn.)

## 8. Safety Net

There is no "use it or lose it" provision with HSAs, so you can build up savings to use for major health events.

## 9. Coverage for the "Extras"

You can use HSA funds for programs not usually covered by other health plans, including dental, optical, COBRA premiums and more.

## 10. Empowerment

Take control of your routine healthcare decisions. You get to choose the healthcare and providers that you want to use.

# FAQs – Health Savings Accounts

**Q: Can anyone open an HSA?**

**A:** No. You have to be enrolled in a High-Deductible Health Plan (HDHP), which is defined for 2018 as having a deductible of at least \$1,350 for Employee-Only health coverage or at least \$2,700 for Family coverage.

**Q: How much can I contribute each year?**

**A:** IRS annual limits for 2018 are \$3,450 for Employee-Only coverage, or \$6,900 for Family coverage. If aged 55 or older, you can also make “catch-up” contributions of up to \$1,000 per year above those limits.

**Q: How do I make contributions?**

**A:** You can make either pre-tax contributions, post-tax contributions, or a combination, as long as the combined total does not exceed IRS annual limits. Pre-tax contributions are made through payroll deduction. Post-tax contributions are made by depositing directly into to your HSA account. Post-tax contributions for a given year can be made up until the due date of your tax return, which is generally defined as by April 15 of the following year.

**Q: How much can I spend each year?**

**A:** The only spending limit is your HSA account balance. You can only withdraw up to the amount in your account at that point in time. Any unused funds roll over from year to year. You do not lose funds if they are not used by the end of the year.

**Q: What can I spend my HSA funds on?**

**A:** You can use HSA funds for any expense accepted by the IRS as a legitimate medical expense, such as doctor visits, therapy, hospitalization, prescriptions, vision care, dental, etc. To be eligible the expense must be incurred on or after the date the HSA account was opened. HSA funds can also be used for health insurance premiums such as COBRA and TEFRA.

**Q: Can I spend HSA funds on family members who are not on my plan?**

**A:** If you have Employee-Only coverage, and your spouse or dependents have separate health



HSA accounts use the yellow mySourceCard® debit card.

coverage that’s not an HDHP, you can still use your HSA funds to pay their medical expenses as long as you file a Federal tax return that includes that person as a joint filer or dependent.

**Q: How do I access my funds?**

**A:** You will receive a MasterCard® Debit Card that is linked to your HSA account. This is a limited-purpose MasterCard which is coded for medical providers only. Swipe the card just as you would any *credit* card. Although you have the option of setting a PIN, no PIN is required.

The card lets you cover expenses without having to pay out of pocket first and then wait for reimbursement. If your medical provider does not accept credit cards or for whatever reason you did not use your Debit Card to pay the expense, then you can submit a claim for reimbursement.

**Q: Do I have to keep up with receipts?**

**A:** DataPath Administrative Services offers the patented ClaimsVault™ – an “electronic shoebox” – to store receipts if you don’t want to keep up with physical copies. At this time, the IRS doesn’t require receipts for the HSA.

**Q: I’m going to be eligible for Medicare later this year. Can I still have an HSA?**

**A:** If any part of Medicare is elected, you cannot contribute any more money after your Medicare effective date. However you can continue to use up any funds previously contributed.

# Debit Card FAQs

**Q: What is the mySourceCard® debit card?**

**A:** The mySourceCard is a limited-use MasterCard®, a payment facilitator that lets you pay for qualified expenses without having to wait for reimbursement.

**Q: What can I use the mySourceCard® to pay for?**

**A:** You can use your card to pay for qualified goods and services that you previously would have paid for out-of-pocket and then submitted a claim to DataPath for reimbursement.

**Q: How do I use the mySourceCard®?**

**A:** Present the mySourceCard as payment for qualified goods and services. The amount of the transaction will be paid directly from the available balance in your reimbursement account.

**Q: Since this is a debit card, do I need a PIN?**

**A:** You may request a PIN, but it is not required. If presented with the option between Debit or Credit and you do not have a PIN, choose Credit.

**Q: Does the provider have to do anything different to take the mySourceCard®?**

**A:** No, the card is compatible with standard credit card processing systems that accept MasterCard®. The only requirement is that the provider's credit card Merchant Category Code matches one of those assigned to qualified goods and services under your plan. (For example, the card will not work at a gas station, hair salon, toy store, etc.)

**Q: What happens after I swipe the card?**

**A:** As soon as a transaction is authorized, your "purse value" (the amount of money available to spend on your card) is reduced by the transaction amount. If you are signed up for alerts, within moments you will see an alert in your mobile account that confirms the transaction and shows your remaining balance after the transaction has been deducted.

**Q: Do I ever have to send in receipts or other supporting documentation?**

**A:** Always keep your receipts. All card transactions must be substantiated (verified). If the transaction did not auto-substantiate, then you will need to send in a signed claim form and valid receipt showing the date of service, type of service, provider name and address, and amount of payment. Credit card slips are not valid receipts.

Certain merchants have adopted an inventory control standard (IIAS) that cancels out the need for a receipt in nearly all cases. Transactions with



these merchants (including Walmart, Walgreens, CVS, Target, Kroger, Fred's, Sam's Club, and many others; see [datapathadmin.com](http://datapathadmin.com) for latest list) should automatically substantiate.

**Q: What happens if I am required to send in a receipt but don't do so promptly?**

**A:** If you have a pending card transaction that has not been substantiated with a receipt within a certain period of time (depending on your plan, usually 30 or 60 days), your card may be temporarily blocked from further use until the transaction is has been either substantiated, paid back, or offset with manual claims.

**Q: What if there is not enough money in my account when I swipe the card?**

**A:** If the transaction exceeds the available balance in the account you are trying to draw against, the transaction usually will be declined. Some merchants do have the capability of accepting "split tender" which will only pull the amount off your card that's available and then ask for a different form of payment for the rest.

**Q: Are there any transaction limits?**

**A:** Both the per-transaction and the maximum daily transaction limit is \$5,000, even if you have more in your account.

**Q: How can I check my account balance, my card transactions, the status of my reimbursement claims, etc.?**

**A:** You have online account access 24 hours a day at [www.datapathadmin.com](http://www.datapathadmin.com). To log in for the first time, refer to the welcome email that we send after enrollment.

**Q: What if I still need help after looking at my online account?**

**A:** Call 501-687-6954 Monday through Friday 8:00 am to 5:00 pm (Central time) or email your questions to [benefits@datapathadmin.com](mailto:benefits@datapathadmin.com).

# Eligible/Non-Eligible Expenses

## FSA/HSA Eligible Health Care Expenses

Please note that DataPath Administrative Services does not intend this list to be comprehensive tax advice. For more detailed information, please consult IRS Publication 502 or see your tax advisor.

Acupuncture	Eye examinations and eyeglasses	Psychiatric care, psychologists, psychotherapists
Alcoholism treatment	Home health and/or hospice care	Radial keratotomy
Allergy shots and testing	Hospital services	Schools (special, relief, or handicapped)
Ambulance (ground or air)	Insulin	Sexual dysfunction treatment
Artificial limbs	Laboratory fees	Smoking cessation programs
Blind services and equipment	LASIK eye surgery	Surgical fees
Car controls for handicapped*	Medical alert (bracelet, necklace)	Television or telephone for the hearing impaired
Chiropractor services	Medical monitoring and testing devices*	Therapy treatments*
Coinurance and deductibles	Nursing services	Transportation (essentially and primarily for medical care; limits apply)
Contact lenses	Obstetrical expenses	Vaccinations
Crutches, wheelchairs, walkers	Occlusal guards	Vitamins*
Deaf services – hearing aid/batteries, hearing aid animal & care, lip reading expenses, modified telephone, etc.	Operations and surgeries (legal)	Weight loss programs*
Dental treatment	Optometrists	X-rays
Dentures	Orthodontia	
Diagnostic tests	Orthopedic services	*If prescribed for a particular ailment or medical condition; provider letter required.
Doctor's fees	Osteopaths	
Drug addiction treatment & facilities	Oxygen/oxygen equipment	
Drugs (prescription)	Physical exams (except for employment-related physicals)	
	Physical therapy	

## Important Notice About Over-the-Counter (OTC) Medications

**OTC medications require a doctor's prescription to be eligible for HSA reimbursement** and cannot be purchased using the benefits debit card unless dispensed by a pharmacy the same as a standard prescription (with an Rx number). Non-medicated OTC products (diabetes test strips, saline solution, bandaids, etc.) do not require a prescription.

## FSA/HSA Eligible OTC Medications and Products

### **COPY OF PRESCRIPTION AS WELL AS DETAILED RECEIPT REQUIRED FOR REIMBURSEMENT:**

Acne medications & treatments  
Allergy & sinus, cold, flu & cough remedies (antihistamines, decongestants, cough syrups, cough drops, nasal sprays, medicated rubs, etc.)  
Antacids & acid controllers (tablets, liquids, capsules)  
Antibiotic & antiseptic sprays, creams & ointments  
Anti-diarrheals  
Anti-fungals  
Anti-gas & stomach remedies  
Anti-itch & insect bite remedies  
Anti-parasitics  
Digestive aids  
Baby care (diaper rash ointments, teething gel, rehydration fluids, etc.)

Contraceptives (condoms, gels, foams, suppositories, etc.)  
Eczema & psoriasis remedies  
Eye drops, ear drops, nasal sprays  
First aid kits  
Hemorrhoidal preparations  
Hydrogen peroxide, rubbing alcohol  
Laxatives  
Medicated bandaids & dressings  
Motion sickness remedies  
Nicotine patches and medications (smoking cessation aids)  
Pain relievers (aspirin, ibuprofen, acetaminophen, naproxen, etc.)  
Sleep aids & sedatives  
Wart removal remedies, corn patches

### **ELIGIBLE FOR REIMBURSEMENT WITH DETAILED RECEIPT ONLY (NO PRESCRIPTION REQUIRED):**

Breast pumps for nursing mothers  
Braces & supports  
Contact lens solution  
CPAP equipment & supplies  
OTC varieties of Insulin  
Diabetic testing supplies/equipment  
Durable medical equipment (power chairs, walkers, wheelchairs, etc.)  
Home diagnostic (pregnancy tests, ovulation kits, thermometers, blood pressure monitors, etc.)  
Non-medicated bandaids, rolled bandages & dressings  
Reading glasses

*All OTC items listed are examples.*



# Eligible/Non-Eligible Expenses

## FSA/HSA Non-Eligible Health Care Expenses

Advance payment for services to be rendered	Health programs, health clubs, and gyms
Automobile insurance premium allocable to medical coverage	Illegal operations and treatments
Boarding school fees	Illegally procured drugs
Body piercing	Insurance premiums
Bottled water	Long-term care services
Chauffeur services	Maternity clothes
Controlled substances	Medical savings accounts
Cosmetic surgery and procedures	Premiums for life insurance, income protection, disability, loss of limbs, sight or similar benefits
Cosmetic dental procedures	Personal items
Dancing lessons	Preferred provider discounts
Diapers for Infants	Social activities
Diaper service	Special foods and beverages
Ear piercing	Swimming lessons
Electrolysis	Tattoos/tattoo removal
Fees written off by provider	Teeth whitening
Food supplements	Transportation expenses to & from work
Funeral, cremation, or burial expenses	Travel for general health improvement
Hair transplant	Uniforms
Herbs & herbal supplements	Vitamins & supplements without prescription
Household & domestic help	

## More information available in IRS Publication 502

Please note that DataPath Administrative Services does not intend this list to be comprehensive tax advice. For more detailed information, please consult *IRS Publication 502, Medical and Dental Expenses*, or see your tax advisor.

## FSA/HSA Non-Eligible OTC Products

The following are examples of Over-the-Counter (OTC) medications and products which are NOT ELIGIBLE for FSA/HSA reimbursement.

Aromatherapy	Hair regrowth preparations
Baby bottles & cups	Herbs & herbal supplements
Baby oil	Hygiene products & similar items
Baby wipes	Low-carb & low-fat foods
Breast enhancement system	Low calorie foods
Cosmetics (including face cream & moisturizer)	Lip balm
Cotton swabs	Medicated shampoos & soaps
Dental floss	Petroleum jelly
Deodorants & anti-perspirants	Shampoo & conditioner
Dietary supplements	Spa salts
Feminine care items	Suntan lotion
Fiber supplements	Toiletries (including toothpaste)
Food	Vitamins & supplements without prescription
Fragrances	Weight loss drugs for general well-being

# Welcome to Mobile myRSC®

## Benefits at Your Fingertips

You can now access your employee benefits account information on your smartphone with the Mobile myRSC® app for iPhone and Android.

## What You Can Do with Mobile myRSC

**View Accounts** – Including detailed account and balance information

**Card Activity** – Account information

**Manage Subscriptions** – Set up email notifications to keep you up-to-date on all account and health debit card activity

**SnapClaim™** – Our Mobile App for iPhone® and Android® with integrated SnapClaim™ technology allows claims filing using your smartphone! Just open a claim using the mobile app, fill in some details onscreen, take a photo of your receipt with your smartphone camera, and upload. Claims filing couldn't be easier!

## Locating and Loading the App

Simply search for “myRSC” on the App Store for Apple products or on the Google Play Store for Android products, and then load as you would any other app.

## Logging In

Access the mobile services using the same username and password you use to log in to the full myRSC® website. After logging in, you will be on the home page which will list your options.

## Getting Help

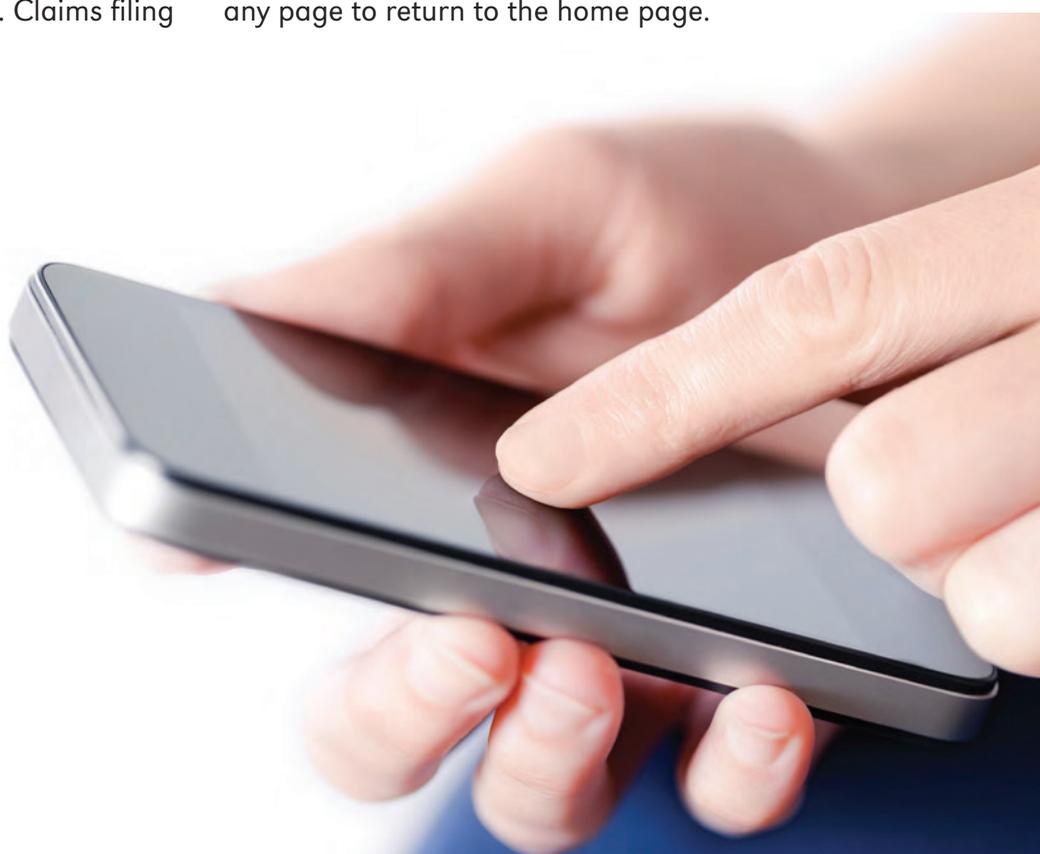
Click the Help button at the bottom right of all Mobile myRSC® pages to access contact information for your administrator, who will be able to provide assistance.

## Going Home

Press the Home button on the bottom left corner of any page to return to the home page.



*App Store* is a service mark of Apple Inc.  
*Google Play* is a trademark of Google.



# Mobile myRSC® Quick-Start Guide



## Logging In

Open the Mobile myRSC® app or point your browser to:  
<https://mobile.myrsc.com>.

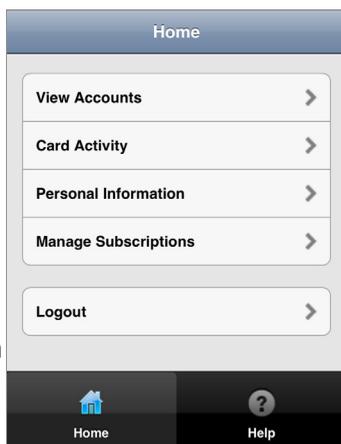
The first page that loads is the login screen. Use the same username and password that you use to log in to the full myRSC website.

**NOTE:** *The mobile site is optimized to work on Safari on an iOS, the default Android Browser, or Chrome on Android 4.x. If you are using an older browser, you will automatically be redirected to the classic myRSC site.*

## The Home Page

Once you log in, you are on the Home page. This page lists all available options you have on the mobile site:

- **View Accounts:** view the balance and details of your Health Reimbursement Account (HRA), Health Savings Account (HSA), or Flex Spending Accounts (FSA). You may have one or more of these accounts available to you, depending on your company's benefit package
- **Card Activity:** view all card transactions and card details
- **Personal Information:** view or edit your personal information
- **Manage Subscriptions:** change the emails and notifications sent by myRSC
- **Logout:** logs you out of your account
- **Home and Help:** **Home** brings you back to this screen and **Help** provides contact information regarding your benefits



## Account Summary

When you select the **View Accounts** option, the page displays only the benefits for which you are subscribed. Your display may look very different than the screen shot pictured here. Select the benefit you wish to view to see unresolved transactions, benefit summary data, and details of claims and reimbursements.



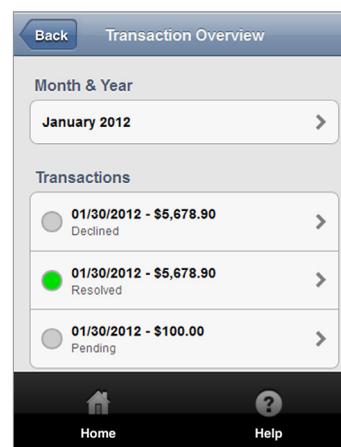
## Card Activity

The **Card Activity** page gives you the option to view the transaction details or account details of your debit card.



Selecting **View Transaction Detail** takes you to the **Transaction Overview** page. Select the month and year for the card activity you want to view. Only the transactions for the month and year you choose will be displayed. Clicking on a particular transaction lets you see the details of that card swipe.

Selecting **View Account Detail** lists all cardholders on your plan. You can then select the person's name and see the account details associated with that card. You also have the option of blocking a card.



This Salary Reduction Agreement (SRA) authorizes your employer to reduce your salary by the indicated amount shown below for the exclusive purpose of facilitating a contribution to your Health Savings Account. **Do not send contributions with this form.** By completing this agreement, you are indicating that as of the effective date of your contribution election, you are an "Eligible Individual" as defined in the adoption agreement and authorize your employer to facilitate your monthly contributions to your HSA on your behalf.

**Please fill out the form below and return to your HR office.**

**Are you a current HSA account holder?**

- Yes** Fill out only your Name in Section 1 and proceed to Sections 2 through 5.
- No** Complete ALL information on both sides and sign the form. Look in the mail for your HSA Welcome Letter, which includes additional HSA services.

**Section 1: Account Holder Information (Please Print)**

Name (First, MI, Last) \_\_\_\_\_

Preferred Mailing Address  Home Address  Mailing Address (if different)

Home Address \_\_\_\_\_ Mailing Address \_\_\_\_\_

City \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Preferred Phone Number  Home  Work Best Time to Call \_\_\_\_\_  AM  PM

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Driver's License Number \_\_\_\_\_ Mother's Maiden Name (Security) \_\_\_\_\_

Employer \_\_\_\_\_

**Section 2: Primary Beneficiary**

Name (First, MI, Last) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security Number \_\_\_\_\_ Relationship \_\_\_\_\_

If all individuals listed as Primary Beneficiaries precede you in death or cannot be located after a reasonable search by the custodian, all non-allocated funds (if any) in your account will be distributed to your Contingent Beneficiary (to add/edit/change Contingent Beneficiary(ies), log in to your account at MyHSA Today.com). In the event that no beneficiary can be located, your account balance (if any) will be distributed to your estate.

**Section 3: HDHP Information and HSA Contribution Election**

HDHP Coverage Effective Date \_\_\_\_\_ Check one  Single Coverage  Family Coverage

I elect a monthly contribution of \$ \_\_\_\_\_ (amount) to my HSA effective \_\_\_\_\_ (date).

The annual contribution for 2018 is limited to \$3,450 for Single coverage and \$6,900 for Family coverage (aged 55 and older may contribute an additional \$1,000 annually above those limits).

**Section 4: Debit Card**

- I hereby request a debit card as an alternate distribution method from my HSA account. (See Article IV of the Custodial Account Agreement for terms of usage.)  
Print exactly as you would like it to appear on your card: 21 characters maximum including spaces. If more than two cards are needed, attach a separate sheet.

Name on 1st Card

Name on 2nd Card

**Section 5: Adoption Agreement/Employee Signature**

As of the effective date of my HSA Contribution Election, I certify that I am an "Eligible Individual" as defined by the Code and do hereby elect a Health Savings Account in accordance with Section 223 and Section 125 of the Internal Revenue Code. I understand this request will not be processed until all paperwork is completed, accepted and approved by my employer. I further understand that I am responsible for all contributions made to my HSA and that DataPath Administrative Services, Inc. is facilitating but not initiating the contribution. If the account is closed at any time, there will be a \$25 closing fee.

This application is for the establishment of my individually owned Health Savings Account at the custodian displayed below. The information on this application is true and accurate to the best of my knowledge and I submit this form with full understanding and acceptance of the provisions contained within the Custodial Account Agreement, HSA Terms and Conditions Statement, and the HSA Disclosure Statement. I also acknowledge that the Plan Service Provider (PSP) indicated on the bottom of this form is authorized to perform transactions on my account and all such transactions initiated by the PSP should be treated as if initiated directly by me, the Account Holder. I am currently, or will be upon the date of my first contribution, an Eligible Individual as described in the Custodial Account Agreement. I understand that maintaining my eligibility is my responsibility and that the custodian will assume that all contributions are made while I am eligible to do so. I am currently, or will be upon the date of my contribution, covered by a High Deductible Health Plan (HDHP) that meets the qualifications detailed in the Custodial Account Agreement.

\_\_\_\_\_  
Signature of Account Holder

\_\_\_\_\_  
Date

**Custodian**  
National Advisors Trust Company, FSB  
10881 Lowell Avenue, Suite 100  
Overland Park, KS

**Plan Service Provider**  
DataPath Administrative Services, Inc.  
1601 Westpark Drive, Suite 9, Little Rock, AR 72204 • 501-687-6954 • Toll-Free 877-685-0655 • Toll-Free Fax 888-472-6777  
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Serial No. 666576474227

# Request for Distribution

## Account Holder Information

Employer Name (Please Print) \_\_\_\_\_ HSA Account Number \_\_\_\_\_  
 Account Holder Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Social Security Number \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_  
 Employee E mail Address (if any) \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date of Death (if applicable) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mm/dd/yyyy mm/dd/yyyy

- Check One:**
- Please enter my receipts in the ClaimsVault™. No reimbursement requested. – *Complete Section 1 ONLY.*
  - Please enter my receipts in the ClaimsVault™. Yes, reimbursement requested. – *Complete Sections 1 and 2.*
  - Reimbursement ONLY, No claims to submit for ClaimsVault™ at this time. – *Complete Section 2 ONLY.*
  - Send Refund of Contribution to my Employer.

## 1. Expense Detail

If this distribution from your HSA is for a Qualified Medical Expense and you want your Plan Service Provider to certify that the expenses are qualified for tax filing purposes, then please supply medical expense information below. Use a copy of this form if you need more space.

Service Date (mm/dd/yyyy)	Receipt Attached	Patient Name	Relationship	Provider ID	Description of Service	Amount
						\$
						\$
						\$
						\$
						\$
						\$

## 2. Reason For Distribution and Payment Instructions (check one)

- Normal Qualified Distribution
- Non-Qualified Distribution
- Disability
- Death
- Other \_\_\_\_\_
- Withdrawal Excess Contributions & Earnings for Tax Year \_\_\_\_\_
- Close Account and Distribute Remaining Balance (less \$25.00 Closing Fee)

Requested HSA Withdrawal Amount \$ \_\_\_\_\_

## Payment Instructions (check one)

- Mail check to me (a fee of \$1.50 for each check will apply)
- Deposit into my personal bank account on file
- New Account or Change Account:** Name of Bank \_\_\_\_\_ Account Type:  Checking  Savings

Routing Transit Number

(All nine boxes must be filled) (

--	--	--	--	--	--	--	--	--

Account Number

Include hyphens, but not spaces and special symbols)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

## Employee’s Certification for Disbursement

I certify that this distribution requested from my accounts was incurred by me (and/or my spouse and/or eligible dependents), was not reimbursed by any other plan, and, to the best of my knowledge and belief, are eligible Section 213(d) Medical Expenses and should be treated as a Tax-Free Distribution under my HSA. I will not use the expense reimbursed through this account as deductions or credits when filing my individual income tax return. Any person who knowingly and with intent to injure, defraud, or deceive any insurance company, administrator, or plan service provider, files a statement of claim containing false, incomplete or misleading information may be guilty of a criminal act punishable under law.

If this is a request to Close Account and Distribute Remaining Balance, by my signature below I acknowledge that there is a \$25.00 Closing Fee and that this Closing Fee will be deducted from my balance prior to distribution. I also acknowledge that I will no longer have access to my account once it is closed and that my stored receipts (claims vault) and claims history will no longer be accessible.

HSA Owner’s Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

For fastest response, please FAX or EMAIL this form.

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# DataPath™

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