

Health Savings Account (HSA) Using the PayFlex member website

Experience simple.

PAYFLEX[®]

Aetna members can single-sign-on (SSO) through **aetna.com**, Aetna navigator.

aetna [®]
Secure Member Log-in
Welcome to Aetna Navigator®
User name Password
Remember user name Secure Log In Forgot user name? Forgot password?
First-time users Register Please sign up for an account. You will create a user name and password.

Under "See Coverage & Costs", select your account name

This will take you to the PayFlex member website.



For cardholders only – enter the last 8 digits of your card number.

If your account does **NOT** include a PayFlex Card[®], you won't see this page.



Enter the last eight digits of your PayFlex Card® number.

*Indicates a required field.

PayFlex Card Number*:

12345678

Submit

Update/create your profile

We may ask you to update/create your online profile. This helps make your account more secure and protect your identity.

You'll simply:

- Create a username and password
- Enter your email address
- Set up security questions and answers
- Review/accept the Online Services Agreement

QUICK TIP: After you create a username and password, you can use it to log into the PayFlex Mobile[®] app.

PAYFLEX*

Create my profile



Welcome

Complete the following fields to create your profile. The username and password you choose will also work for the PayFlex Mobile® app.

Indicates a required field
Create a username*:
Enter a username
Create a password*:
Enter a password
Confirm password*:
Re-enter your password
Security Question 1*:
Select a security question
Answer 14:
Enter an answer
Security Question 2*:
Select a security question
Answer 2*:
Enter an answer
Security Question 3*:
Select a security question
Answer 3*:
Enter an answer
Review the Online Services Agreement
Three received, read, understand and arrae to the terms of this annerment *

Your initials*: Enter your initials

Registering your HSA

The first time an HSA member logs in to the PayFlex member website, they have to set up their HSA online.

Set up your HSA



Step 1 of 3: Fees and Agreements

Review your fees and agreements.

*Indicates required field.

Fee schedule

Fee	Amount	
Monthly Maintenance Fee 🕐	\$2.25	
One-Time Setup Fee 🕜	\$10.00	
Insufficient Funds Fee (Overdraft) 🗿	\$25.00	
Monthly Investment Account Fee 🕐	\$3.00	
Deposit Item Returned 🗿	\$25.00	
Bill Pay (postage included) 🗿	\$1.00	
Monthly Paper Account Statement 🧿	\$0.75	
Account Closure Fee 🗿	\$10.00	

Review the HSA Custodial Agreement

I have received, read, understand and agree to the terms of the agreements, including the fees.*

Your initials*

Enter your initials

SAVE AND CONTINUE

Set up your HSA



Step 2 of 3: Personal Information

Complete all required fields.

*Indicates required field.

Name	Tucker Sebastian
Address	7612TH Omaha NE 68154
Social Security number	XXX-XX-3676
Date of birth	04/01/1999
Marital status*	
Select your marital status	
High deductible health plan st	tart date*
01/01/2018	
Under Internal Revenue Service (you can contribute to your HSA. update your HDHP start date on t	IRS) regulations, the high deductible health plan (HDHP) start date helps determine when an HSA can be opened and how much You or your employer provided an HDHP start date shown above. If you were enrolled in an HDHP prior to this date, you should this page. PayFlex is not responsible for determining the accuracy of this information.
High deductible health covera	ige* 🕐
Select your coverage type	

SAVE AND CONTINUE

Set up your HSA



Step 3 of 3: Beneficiaries

Add a primary beneficiary

You can name a person, trust, or your estate as your primary beneficiary for your HSA. The primary beneficiary will receive any remaining balance in your HSA after your death. You can have more than one beneficiary. If you do, you'll need to assign percentages to each beneficiary. The percentages determine the amount each beneficiary will receive from your HSA.

You can also name a contingent beneficiary. A contingent beneficiary receives your HSA balance if your primary beneficiaries are deceased at the time of your death. If you need to make changes later, you (the account holder) can do it in Account Settings.

*Indicates required field.

Select your primary beneficiary*

Select type of beneficiary

Beneficiary Terms

- If all of my beneficiaries predecease me, my HSA funds will be paid to my estate.
- If my spouse is my beneficiary and receives my HSA, they may choose to continue the HSA in their name. This is subject to the HSA Custodian's consent. My spouse must also provide a written election, sign the forms and provide the required information to the HSA Custodian to open an HSA with PayFlex.
- If my beneficiary is not my spouse, the HSA terminates as of my date of death and any remaining balance is paid to my beneficiary(ies).
- I understand that in certain states, my spouse's consent may be necessary if I wish to name a person as my beneficiary other than or in addition to my spouse. I also understand that I should consult with my attorney before making this type of beneficiary designation.
- By naming a beneficiary, I represent and warrant to the HSA Custodian that this beneficiary designation satisfies all legal requirements under applicable law and, on behalf of myself, the beneficiary or beneficiaries, my heirs and my estate, I hereby indemnify and hold the HSA Custodian harmless from and against any and all claims, damages, liabilities, and costs (including attorney's fees) arising as a result of the HSA Custodian's payment of my HSA balance in accordance with this beneficiary designation.
- The HSA Custodian may ask my beneficiary(ies) for proof of identity and entitlement to payment before making a final payout from my HSA.

PAYFLEX*

Set up your HSA



Step 3 of 3: Beneficiaries

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*Indicates required field.

Select yo	our primary	beneficiary*
-----------	-------------	--------------

Person	
Beneficiary first na	ame*
First name	
Beneficiary last na	me*
Last name	

Address*

Address line 1

Address Line 2

Address line 2

City*

State*	ZIP code*

 $\mathbf{\nabla}$

 $\mathbf{\nabla}$

City	Select state 🗸 🗸		Zip code	
Social Security number*				
Social security number				

Select state

Re	lati	ons	hip*

Phone number

...

(xxx) xxx-xxxx

Jate	ot	birth*	
MM/	DD	//////	

Set up your HSA



Step 3 of 3: Beneficiaries

Add a primary beneficiary

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*Indicates required field.

Select your printing venericiary	Select	your	primary	beneficiary*	
----------------------------------	--------	------	---------	--------------	--

Irust		
Beneficiary first name*		
First name		
Beneficiary last name*		
Last name		
Address*		
Address line 1		
Address Line 2		
Address Line 2 Address line 2		
Address Line 2 Address line 2 City*	State*	ZIP code*
Address Line 2 Address line 2 City* City	State*	ZIP code*
Address Line 2 Address line 2 City* City Tax ID number*	State*	ZIP code* Zip code

🕂 Beneficiary Terms

.....

Date of trust* (?)

MM/DD/YYYY

Set up your HSA



Step 3 of 3: Beneficiaries

-

Add a primary beneficiary

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You can also name a contingent beneficiary. A contingent beneficiary receives your HSA balance if your primary beneficiaries are deceased at the time of your death. If you need to make changes later, you (the account holder) can do it in Account Settings.

*Indicates required field.

Select your primary beneficiary*

Estate

Beneficiary name* The Estate of Tucker Sebastian



SIGN OUT

SIGN OUT

Set up your HSA



Step 3 of 3: Beneficiaries

My Beneficiaries

Success! You've named a beneficiary for your HSA.

You may add, change or remove your beneficiary at any time prior to your death.

Primary Beneficiary	Percentage 🕜	
Samantha Sebastian	100%	Edit
	Total: 100%	
ADD A PRIMARY BENEFICIARY	ADD A CONTINGENT BENEFICIARY	

Set up your HSA



HSA set up summary

Here's the information you entered for your HSA. You can update it at any time through Account Settings.

Personal Information

Name

Tucker Sebastian

Address

7612TH Omaha, NE 68154

High deductible health plan start date 01/01/2018

High deductible health plan coverage Single Plan

My Beneficiaries

Primary beneficiaries

Name	Social Security number	Relationship	Percentage	
Samantha Sebastian	XXX-XX-1234	Child	100	

Find out how much you can contribute

Each year, the Internal Revenue Service (IRS) sets annual contribution limits for HSAs. These limits are based on your HDHP coverage level (self-only or family). And they are subject to annual change. You can find the contribution limits on the U.S. Department of Treasure website.

🖶 Print



Using your HSA online features

Account dashboard (home page)

ΡΔΥΕΙ ΕΥ®	🟦 Home 🕜 Help & Support 🏼 🍰 Account Settings 🔥 Sign Out
	Your Accounts 🔻 🛛 Alerts & News 🔻 Health Plan Claims 👻 Documents & Forms 🔻
Hello, Sam	
Health Savings Account ABC Sample Company	
\$3,592 ⁰¹ total account value ⁽²⁾	HSA Deposit Account Balance ⑦ \$3,592.01 HSA Investment Account Balance ⑦ \$0.00 2018 tax year contribution \$1,500.00 ⑦ View IRS maximum contribution amounts >
Account ActionsManage FundsView account details >Deposit funds >Link a bank account >Request funds >Manage my beneficiaries >Set up account notifications >	Manage Investments View my investment journey > Quick Tips





Funds Added

\$2,500.00

View

11/13/2017

11/16/2017

Request funds from my HSA

Complete these steps to request funds from your HSA. If you enter a request after 3 p.m. CT and schedule it for today, we'll process it on the next business day. Requests scheduled for a non-business day will be processed on the next business day.

Amount*	Start request on* 🕐	 Date of service* 🕐	
Enter dollar amount	MM/DD/YYYY	MM/DD/YYYY	
What kind of expense?*			
Select category			
Invoice number 🕐			
Enter invoice number			
Description			
Enter any notes about your request. This is or	nly for your records.		
Enter any notes about your request. This is or	nly for your records.		
Enter any notes about your request. This is o	nly for your records.		
Enter any notes about your request. This is o	nly for your records.		
Enter any notes about your request. This is or Your description is limited to 250 characters	nly for your records.		
Enter any notes about your request. This is or Your description is limited to 250 characters	nly for your records.		
Enter any notes about your request. This is of Your description is limited to 250 characters Do you want to repeat this request?*	nly for your records.		
Enter any notes about your request. This is of Your description is limited to 250 characters Do you want to repeat this request? * O Yes O No	nly for your records.		
Enter any notes about your request. This is of Your description is limited to 250 characters Do you want to repeat this request?* O Yes O No	nly for your records.		
Enter any notes about your request. This is of Your description is limited to 250 characters Do you want to repeat this request? * O Yes O No CONTINUE	nly for your records.		
Enter any notes about your request. This is of Your description is limited to 250 characters Do you want to repeat this request?* O Yes O No CONTINUE	nly for your records.		

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	Your Accounts 🔻	Alerts & News 🔻	Health Plan Claims 🔻	Documents & Forms
Deposit funds				
Enter denosit information				
Enter deposit mornation				
* Indicates required fields				
Amount *	Contribution year * 🕐		HSA contributions for	or 2018 🕐
Enter dollar amount	2018		\$ 1500 00	
Deposit type * 🕐	Transfer date * 🕐			
Select deposit type	MM/DD/YYYY			Family limit
Transfer funds from *				\$0500.00
Select bank account				Individual limit \$3450.00
Description Enter any notes about your deposit. This is	only for your records.		HSA contributions	
			\$1500.00	-
			Note: If you're age 55	or older, you can
250 characters left			contribute an addition	al \$1000.00 annually.
Do you want to repeat this deposit? *			Outek Tin	\diamond
				5
CONTINUE				
2 Review and submit				
				CANCEL
				CANCEL

Your Accounts 🔻

🔒 Home

? Help & Support

Alerts & News 🔻

Health Plan Claims

Doc

Account Settings

S ▼ Documents & Forms ▼

🖒 Sign Out

My investment journey

Are you interested in investing your Health Savings Account(HSA) funds? Find where you are in your investment journey.And learn more about investing here.



Contribute

Your investment journey starts here. To invest, you need more than **\$1,000.00** in your HSA.

To grow your HSA balance, you can:

- Make pretax contributions through your employer
- Deposit funds from other qualified accounts
- Make post-tax deposits

But you can only contribute up to the Internal Revenue Service (IRS) limit.



Save

Once you have more than **\$1,000.00** in your HSA, you can start investing.

Your HSA balance \$6,288.15

Saving your HSA funds now, can help prepare for eligible health care expenses in the future. Any unused funds in your HSA will roll over from year to year.



Invest

You've met the minimum HSA balance of \$1,000.00.

What does this mean?

You're eligible to open an investment account below. You can transfer any amount **above** the minimum balance (\$1,000.00) from your HSA to your investment account. And you can move funds back to your HSA at any time.

OPEN INVESTMENT ACCOUNT

Learn More

My investment options You can research your investment options here. Calculate contributions & tax savings

B

Not sure how much to contribute? Or how much you'll save? Pete, our interactive adviser is here to help!





Transcript: Investing with your HSA



Did you know?

For many Americans, health care can be one of their largest expenses in retirement. An HSA can help you save and pay for those eligible expenses. But you also have the opportunity to grow your HSA balance by investing. Check out your investment options below.



Have questions about your account? Check out our frequently asked questions.

Your Accounts
Alerts &

Alerts & News ▼ Health Plan Claims ▼

Documents & Forms 🔻

Account settings

My profile	My Profile		
Bank accounts Account notifications	Address ን	ABC Sample Company My address for my HSA 345 Main St	
Beneficiaries		Hartford, Connecticut 06156	
PayFlex Card		ABC Sample Company My address for my Reimbursement Account(s) 345 MAIN ST HARTFORD, CT 06156	
	Date of birth	1/1/1976	
	Username	sam_doe	Edit
	Password	•••••	Edit
	Phone number ⑦	123-456-7890	Edit
	Mobile phone number ⑦	888-888-8888	Edit
	Email address	test@test.com	Edit
	Security questions	What is your mother's maiden name? What was the name of your first pet? What was the model name of your first car?	Edit
	Marital status	Single	Edit
	High deductible health plan start date	11/1/2017	Edit
	Under Internal Revenue Serv when an HSA can be opened start date shown above. If yo on this page. PayFlex is not n	ice (IRS) regulations, the high deductible health plan (HDHP) start date helps de and how much you can contribute to your HSA. You or your employer provided t ou were enrolled in an HDHP prior to this date, you should update your HDHP sta esponsible for determining the accuracy of this information.	etermine the HDHP rt date
	Coverage level	Single Plan	Edit

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Your Accounts ▼ Alerts & News ▼ Health Plan Claims ▼

▼ Documents & Forms ▼

Account settings

My profile

Bank accounts

Account notifications

Beneficiaries

PayFlex Card

Account notifications

You can manage your account notifications here. Select a + sign to view your options. Then choose the notifications you want to receive. And select your document delivery preferences. You should also verify your contact information under My profile.

Security alerts 🕜		
Notification	Email	Text
Dependent debit card ordered 🕜	automatic	
Email address updated or added 🕜	automatic	
Linked bank account updated or added 🕜	automatic	
Mobile phone number updated or added 🕐	automatic	

Notification	Email	Text	Online
Balance reminder ⑦ Select frequency: Monthly Quarterly			
Contribution maximum reached 🕐			
Eligible to enroll in investments 🕜			
Low balance (weekly reminder) ⑦ Notify me when my balance is: Enter dollar amount			
Recurring transaction ⑦			
Rejected deposit 🕜			
Scheduled transaction 🕜			
Tax year to date contribution alert () Notify me when my contribution is: Enter dollar amount			
Document delivery	Paperless		
Account statement 🕜	✓		
Tax documents 🕜			

🚣 Account Settings 🖒 Sign Out fr Home Help & Support **PAYFLEX**[®] Your Accounts Alerts & News V Health Plan Claims 🔻 Documents & Forms Account settings My profile My Beneficiaries Bank accounts You can manage your beneficiaries here. The primary beneficiary will receive any remaining balance in your HSA after your death. You can have more than one beneficiary. If you do, you'll need to assign percentages to each Account notifications beneficiary. The total percentage for your primary beneficiaries must be 100%. This is also true for your contingent Beneficiaries beneficiaries. A contingent beneficiary receives your HSA balance if your primary beneficiaries are deceased at the time of your death. PayFlex Card **Primary Beneficiary** Percentage 🕐 Samantha Sebastian 100% Edit Total: 100% RESET PERCENTAGES ADD A PRIMARY BENEFICIARY ADD A CONTINGENT BENEFICIARY UPDATE

