PayFlex Systems USA, Inc.
ONEEXCHANGE FROM TOWERS WATSON
P.O. BOX 2396
OMAHA, NE 68103-2396

HOWARD HOYT
549 BLUEBIRD TRL
BLOUNTS CREEK, NC 27814

*** THIS IS NOT A CHECK ***

NO. 193437814

OneExchange™ from Towers Watson

PayFlex Systems USA, Inc.
ONEEXCHANGE FROM TOWERS WATSON
P.O. BOX 2396
OMAHA, NE 68103-2396

| DATE | AMOUNT |
|---|---|
| 03/02/2015 | ****$165.00 |

PAY *** ONE HUNDRED SIXTY-FIVE DOLLARS AND NO CENTS ***

TO THE ORDER OF
HOWARD HOYT
549 BLUEBIRD TRL
BLOUNTS CREEK, NC 27814

** Deposit Advisement **
The above amount has been deposited into your account.

**NON-NEGOTIABLE**

HOYT, HOWARD
IBM N

# Explanation of Payment

(Reimbursement)

**Thank you for submitting your claim(s) to OneExchange. We have processed your claim(s) and our determination is below. If further action is required, please provide the requested documentation or payment to OneExchange via fax or mail as soon as possible but no later than the end of your plan's run out period. You are responsible for verifying receipt of funds with your bank before executing any debit transactions.**

Draft #: 193437814 Date: 03/02/2015 Total Amount: ****$165.00

## Your Account Balance After This Payment

| Account Name | Contributions | Total Paid | Available Balance | Amt This Payment |
|---|---|---|---|---|
| (2015) Health Reimbursement Arrangement | $2,374.00 | $238.60 | $2,135.40 | $165.00 |

## This Payment Includes

| Account Name | Expense Type | Service Dates Begin | Service Dates End | Amt Requested | Amt Paid | Amt Not Paid | Claim # | Amt This Payment |
|---|---|---|---|---|---|---|---|---|
| (2015) Health Reimburseme | Prescription | 02/16/2015 | 02/16/2015 | $18.00 | $18.00 | $0.00 | 335107188 | $18.00 |
| (2015) Health Reimburseme | Dental | 02/26/2015 | 02/26/2015 | $147.00 | $147.00 | $0.00 | 335107756 | $147.00 |

**Total:** $165.00

**Access your account information online at www.Medicare.OneExchange.com/ibm**
**PayFlex Systems USA, Inc. | ONEEXCHANGE FROM TOWERS WATSON | P.O. BOX 2396 | OMAHA NE, 68103-2396**
**Toll Free: (855) 359-7380 | Fax: (855) 321-2605**

**Appeals:** If this notice contains an adverse determination and is not just a request for additional information, you are entitled to a review (appeal) of the determination if you have questions or do not agree. To obtain a review, you or your authorized representative should submit a request in writing to the address shown on the explanation of payment notice. Your request should include the group name (e.g., your employer), your name, your member identification number and other identifying information shown on this notice, and any comments, documents, records and other information you would like to have considered, whether or not submitted in connection with the initial claim. You may also review documents relevant to your claim. Upon request and free of charge, you may receive reasonable access to and copies of all documents, records, and other information including any internal procedures or any specific rules, guidelines or protocols relied upon or used during the processing of your claim. If you are appealing an adverse determination for your Health Care Flexible Spending Account, Health Reimbursement Account, Limited Flexible Spending Account or Retiree Reimbursement Account, then your written request for review must be filed within 180 days following receipt of this notice. A review will be conducted and you will be notified of the decision within 60 days (or 30 days if your plan has 2 levels of appeal). If you are appealing an adverse determination with respect to your Dependent Care Account, then your written request for review must be mailed within 60 days following receipt of this notice. A review will be conducted and you will be notified of the decision within 60 days. Please review your plan documents or contact your plan administrator to confirm the specific appeals process available to you. If you do not agree with the final determination on review, and if your plan is governed by ERISA, you have the right to bring a civil action under Section 502(a). Please refer to your Summary Plan Description, or contact your employer, to confirm the applicability of ERISA to your plan.