

P.O. BOX 535473 PITTSBURGH, PA 15253-5473

Account Number:95000010405955Beginning Statement Date:01/01/2020Ending Statement Date:01/31/2020Page Number:Page 1 of 2



23644 SH BNHDG005 JOHN H MC DONALD III 433 PORTSMOUTH COURT CARMEL, IN 46032

IMPORTANT MESSAGE: CHECK YOUR BALANCE AND TRANSACTIONS ANYTIME AT WWW.MYBENEFITWALLET.COM AND CREATE A PERSONAL USER ID AND PASSWORD TO SECURELY ACCESS YOUR HSA.

TO LEARN MORE ABOUT YOUR HSA, BE SURE TO VISIT THE ONLINE RESOURCE CENTER.

HEALTH SAVINGS ACCOUNT			
Deposits/Credits	\$1,600.00	Beginning Balance	\$29,948.63
Withdrawals/Debits	<b>-</b> \$90.43	Ending Balance	\$31,466.38
Service Charge	\$0.00	Average Balance	\$30,818.49
Interest Paid	\$8.18	Days In Period	31
Annual Percentage Yield Earned (APY-E)	0.313%		
Current YTD Contributions	\$1,600.00	# Deposits/Credits	
YTD Prior Contributions*	\$0.00	# Withdrawals/Debits	2
		Current YTD Interest	\$8.18

		DEPOSITS/CREDITS	*indicates prior year contribution
Date	Trans Type	Description	Amount
01/15	BAL ADJ	2020 Company Contribution	\$1,600.00

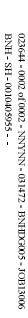
WITHDRAWALS/DEBITS					
Date	Trans Type	Description			Amount
01/08	POS TRN	WWW.CAREMARK.COM	888-892-7227	IL	-\$2.43
01/30	POS TRN	MONON FAMILY DENTAL	INDIANAPOLIS	IN	-\$88.00

INTEREST PAID			
Date	Trans Type	Description	Amount
01/31	INT PST	INTEREST POSTED THROUGH 01/31/2020	\$8.18

FOR QUESTIONS GO TO THE WEBSITE ON YOUR HEALTHPLAN ID OR CALL 866-686-4798 HOURS OF OPERATION ARE MON-FRI 8 AM-11 PM; SAT-SUN 9 AM-6 PM EASTERN TIME









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NSF FEE SUMMARY			
Summary	NSF Fees This Period	NSF Fees Year to Date	
	\$0.00	\$0.00	

This statement is based on your HSA funds in our account at one or more Depository Bank(s). See your Deposit Agreement with us.



