



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

Account Number: 95000010405955
Beginning Statement Date: 01/01/2020
Ending Statement Date: 01/31/2020
Page 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	-\$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	2
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

Si no entiende el contenido de esta carta y necesita una traducción al español, por favor comuníquese con
nuestro Centro de Servicio al Cliente al 877-472-4200.

MEMBER
FDIC

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 Page Number: Page 2 of 2

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.



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