Horizon
Horizon Blue Cross Blue Shield of New Jersey
Making Healthcare Work.

ACS|BNY Mellon
the HSA solution

DAVID A JONES
123 MAIN STREET
UTOPIA IL 12345

January 26, 2011
Account Number: 95005123457890

Dear David A. Jones:

Congratulations on selecting a rewarding way to pay for your current and future health care costs – the ACS|BNY Mellon HSA Solution ("The HSA Solution"), provided in conjunction with your Horizon MyWay HSA benefits plan.

To activate your account, you'll need to provide your signature, either electronically or with the enclosed Master Signature Card. (We've included web instructions and a reply envelope, so just choose the option you find easier!)

URGENT: E-Sign or Locate the Master Signature Card in This Packet

Why? Your account is not considered "open" to receive and distribute your funds until your signature has been processed, either electronically (via the web) or by completing and returning the Master Signature Card. If we receive contributions before your signature is processed, we are unable to post the funds to your account. If we do not receive your signature within 60 days of receiving contributions, we will return the funds. No interest will be paid on such funds.

How Do I Activate My Account Electronically?

Logon to www.hsamember.com. You can create a personalized User ID during your first logon by selecting **FIRST TIME USER** in the upper right hand corner of the web page. Your social security number is your temporary password. (The first time you logon, you will be required to change your password.) You'll see electronic signature screens appear. Follow the prompts to verify your Tax ID (your Social Security Number), and review and accept the listed terms and conditions.

If I Sign Up Electronically, Should I Still Send in the Master Signature Card?

The Master Signature Card is required if you do not wish to use online registration. The card also allows you to immediately designate an account beneficiary and sign up to receive a personalized checkbook. (A checkbook is not sent automatically.)

What If I Have Questions?

Contact us by phone:
1-800-355-BLUE (2583)
Monday, Tuesday, Wednesday and Friday, from 8 a.m. to 6 p.m.,
Thursday from 9 a.m. to 6 p.m.

What Else Will I Receive?

Debit Card: Upon processing your enrollment, you will be sent a personalized HSA debit card. You must activate your card by following the instructions provided in the card mailing. No HSA funds will post to your account or be available on the debit card until your account is open.

Your HSA debit cards cannot be used at an automated teller machine (ATM). You may obtain additional debit cards by contacting customer service.

Checkbook: Upon processing your Master Signature Card, you will be sent a personalized HSA checkbook.

You can use your HSA checkbook or debit card to purchase medical products and services that are not covered under your health plan. For services such as emergency room visits or doctor appointments, for which a discounted price has been negotiated, you should ask your provider to submit the claim directly to your health plan. Your provider will contact you if there is a balance due after the claim is processed by your health plan, and you can use your HSA checkbook or debit card to make a payment, provided you have the necessary funds available in your HSA.

Statements: Once your account is activated, periodic account statements reflecting current and year-to-date debits/withdrawals, as well as all credits (deposits or interest earnings) on your account will be available.

IRS forms 1099-SA and 5498-SA: Each calendar year, you will receive IRS form 1099-SA reflecting withdrawals from your account and IRS form 5498-SA reflecting contributions made to the account and the fair market value of the account. These forms are available to you by January 31st of each year.

How Do I View and Manage My Account?

Log on to the web at www.hsamember.com. You will need the User ID you created and your new password. You can also check account balance, recent transactions and tax information by calling our service center's automated voice response system.

Other Important Notes

You can submit deposits for your account using the deposit slip included in this mailing. Simply complete the HSA Deposit Slip, enclose a check made out to "**The Bank of New York Mellon**" and mail it to the address on the deposit slip.

You should manage your HSA to ensure you do not contribute more than the amount allowed by the IRS. If you do exceed the maximum, it is your responsibility to file the necessary paperwork for adjustments to your annual income tax. If you need this "Return of Excess Contributions" form, call Customer Service or download it at www.hsamember.com under Accountholder Services.

How Can I Move My Current HSA Account to the ACS|BNY Mellon HSA Solution?

If you currently have funds with another HSA custodian, you may rollover these funds into your ACS|BNY Mellon HSA. Simply complete the HSA Deposit Slip included in the mailing, and enclose a check from your prior HSA account made out to "**The Bank of New York Mellon**". Be sure to mark the "rollover" check box on the HSA Deposit Slip.

Sincerely,

ACS|BNY Mellon HSA Solution Team

This is not intended to be a complete summary of all provisions relating to your Health Savings Account. Please see the enclosed Deposit Account Agreement and HSA Supplemental Agreement for detailed account provisions.

ACS | BNY Mellon
the HSA solution

Master Signature Card — Health Savings Account
The Bank of New York Mellon

Name (1): David A. Jones   Account Number: 95005123457890

SSN: ______________   Date: ______________

Name (2): ______________ (Please print name of any additional "Authorized Signature" signed below.)

By signing this card and opening a Health Savings Account with The Bank of New York Mellon (the "Bank"), I agree: (a) To be bound by the Deposit Agreement & Disclosure Statement applicable to the Health Savings Account established by this card, as that agreement may be amended from time to time; (b) To be bound by the Bank's agreements and disclosures applicable to any additional accounts that I establish with the Bank in the future as an individual, custodian, or single trustee.

This Master Signature Card Agreement will remain in effect as long as I continuously maintain at least one covered account with the Bank.

REQUEST FOR TAX CERTIFICATION

Under penalties for perjury, I certify that the Social Security Number shown on this form is my correct taxpayer identification number and I am a citizen or resident of the United States.

The IRS does not require you to consent to any provision of this document.

Authorized Signature(s): Please sign your authorized signature(s) in the boxes below.

1. ______________   2. ______________

If this Welcome Kit was delivered to a P.O. Box, please indicate your residential address below:

Street Address: ______________

City: ______________ **State:** ______________ **Zip:** ______________

Beneficiary Designation Form

I hereby certify that, if I die before distribution has been completed, the value of my account shall be distributed to the person(s) named below.

Primary Beneficiary(ies)			
Name		Name	
Address		Address	
City, State, and Zip		City, State, and Zip	
Relationship	SSN	Relationship	SSN
Date of Birth	Percent (%)	Date of Birth	Percent (%)
Contingent Beneficiary(ies)			
Name		Name	
Address		Address	
City, State, and Zip		City, State, and Zip	
Relationship	SSN	Relationship	SSN
Date of Birth	Percent (%)	Date of Birth	Percent (%)

Important:

√ Return the completed form by **Mail** to ACSIBNY Mellon HSA Solution, P.O. Box 1008, Totowa, NJ 07511-9956, or by **Courier/Overnight** by sending to ACSIBNY Mellon HSA Solution, 150 Clove Road, 5th Floor, Attn: Imaging Dept., Little Falls, NJ 07424-2138.

√ If you have opened your account via **e-signature**, you still need to submit this form to obtain a checkbook and to designate a beneficiary.

√ Do NOT return this form if you do NOT wish to open an HSA, obtain a checkbook or designate beneficiaries.

David A. Jones
95005123457890
123 MAIN STREET
UTOPIA, IL 12345

ACS | BNY Mellon
the HSA solution

DEPOSIT TICKET

DATE: ______________________________

MAIL TO: **ACS|BNY Mellon HSA Solution**
P.O. Box 535161-5161
Pittsburgh, PA 15253

CHECKS			
TOTAL DEPOSIT			

Please check if this is a:
☐ Roll-over deposit
☐ Prior year deposit
☐ Return of incorrect distribution

ACS | BNY Mellon
the HSA solution

⑆595000010⑆95005123457890⑈

David A. Jones
95005123457890
123 MAIN STREET
UTOPIA, IL 12345

ACS | BNY Mellon
the HSA solution

DEPOSIT TICKET

DATE: ______________________________

MAIL TO: **ACS|BNY Mellon HSA Solution**
P.O. Box 535161-5161
Pittsburgh, PA 15253

CHECKS			
TOTAL DEPOSIT			

Please check if this is a:
☐ Roll-over deposit
☐ Prior year deposit
☐ Return of incorrect distribution

ACS | BNY Mellon
the HSA solution

⑆595000010⑆95005123457890⑈

ACS | BNY Mellon

the HSA solution

Health Savings Account Fee and Rate Schedule

Interest Rate, Set-Up and Monthly Fees

Interest Rate	0.400%
Annual Percentage Yield (APY)	0.401%
Account Set-Up Fee	$15.00*
Monthly Service Charge for average monthly balance of $1,000 or less	$3.50*
Paper statement (per statement)	$0.75

***Setup and monthly service charge fees may be paid for you by either your employer or health plan during active employment.**

Requests for debit card, checkbook or copies of documents

Replacement / Additional Debit Card	$10.00
Checkbook Reorder Fee	$5.00
Copy of Check, Statement or Other Document (per item)	$5.00

Other Banking Fees when Applicable

Stop Payment (per request)	$25.00
Returned Item (per instance)	$25.00
Custodian Check Issuance Fee (deducted from account balance)	$25.00
Excess Contribution Reimbursement (deducted from account balance)	$25.00
Attachments / levies / legal requests / subpoenas (per request)	$75.00
Statement Reconciliation / Account Research	$ 20.00 per hr / $ 10 min charge

---

See your Health Savings Account Deposit Agreement and Disclosures for the complete terms and conditions related to your account. Note, fees disclosed will remain in effect until further notice. Interest is credited to participant accounts on the last business day of the month.

For additional information regarding these fees, contact your employer, health plan or our service center. Other fees will be deducted from the balance of your Health Savings Account when incurred or as indicated. If the account balance is less than $25 at the time of the check issuance request, a fee equal to the account balance will be deducted from your account.

FACTS — WHAT DOES THE BANK OF NEW YORK MELLON DO WITH YOUR PERSONAL INFORMATION?

Why?	Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what to do.
What?	The types of personal information we collect and share depend on the product or service you have with us. This information can include: • Social Security Number • Account balances • Payment History • Transaction history • Checking account information When you are no longer our customer, we continue to share your information as described in this notice.
How?	All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons The Bank of New York Mellon chooses to share; and whether you can limit this sharing.

Reasons we can share your personal information	Does The Bank of New York Mellon share?	Can you limit this sharing?
For our everyday business purposes— such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
For our marketing purposes— to offer our products and services to you	No	No
For joint marketing with other financial companies	No	No
For our affiliates' everyday business purposes— information about your transactions and experiences	Yes	No
For our affiliates' everyday business purposes— information about your creditworthiness	No	No
For our affiliates to market to you	No	No
For nonaffiliates to market to you	No	No

Questions?	Call 877-472-4200

Who we are	
Who is providing this notice?	The Bank of New York Mellon

What we do	
How does The Bank of New York Mellon protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings. Our internal data security policies restrict access of nonpublic personal information to authorized employees. We maintain physical, electronic and procedural safeguards to guard our customers' nonpublic personal information. Employees who violate our data security policies are subject to disciplinary action, up to and including termination.
How does The Bank of New York Mellon collect my personal information?	We collect your personal information, for example, when you • Open an account • Make deposits or withdrawals from your account • Use your credit or debit card • Provide account information • Give us your contact information We also collect your personal information from third parties, such as credit bureaus, affiliates, or other companies.
Why can't I limit all sharing?	Federal law gives you the right to limit only • Sharing for affiliates' everyday business purposes—information about your creditworthiness • Affiliates from using your information to market to you • Sharing for nonaffiliates to market to you State laws and individual companies may give you additional rights to limit sharing.

Definitions	
Affiliates	Companies related by common ownership or control. They can be financial and nonfinancial companies.
Nonaffiliates	Companies not related by common ownership or control. They can be financial and nonfinancial companies. • The Bank of New York Mellon does not share information with nonaffiliates so they can market to you.
Joint Marketing	A formal agreement between nonaffiliated financial companies that together market financial products or services to you. • The Bank of New York Mellon doesn't jointly market.

Other important information
This notice applies to individual consumers who are customers or former customers. This notice replaces all previous notices of our consumer privacy policy, and may be amended at any time. We will keep you informed of changes or amendments as required by law.