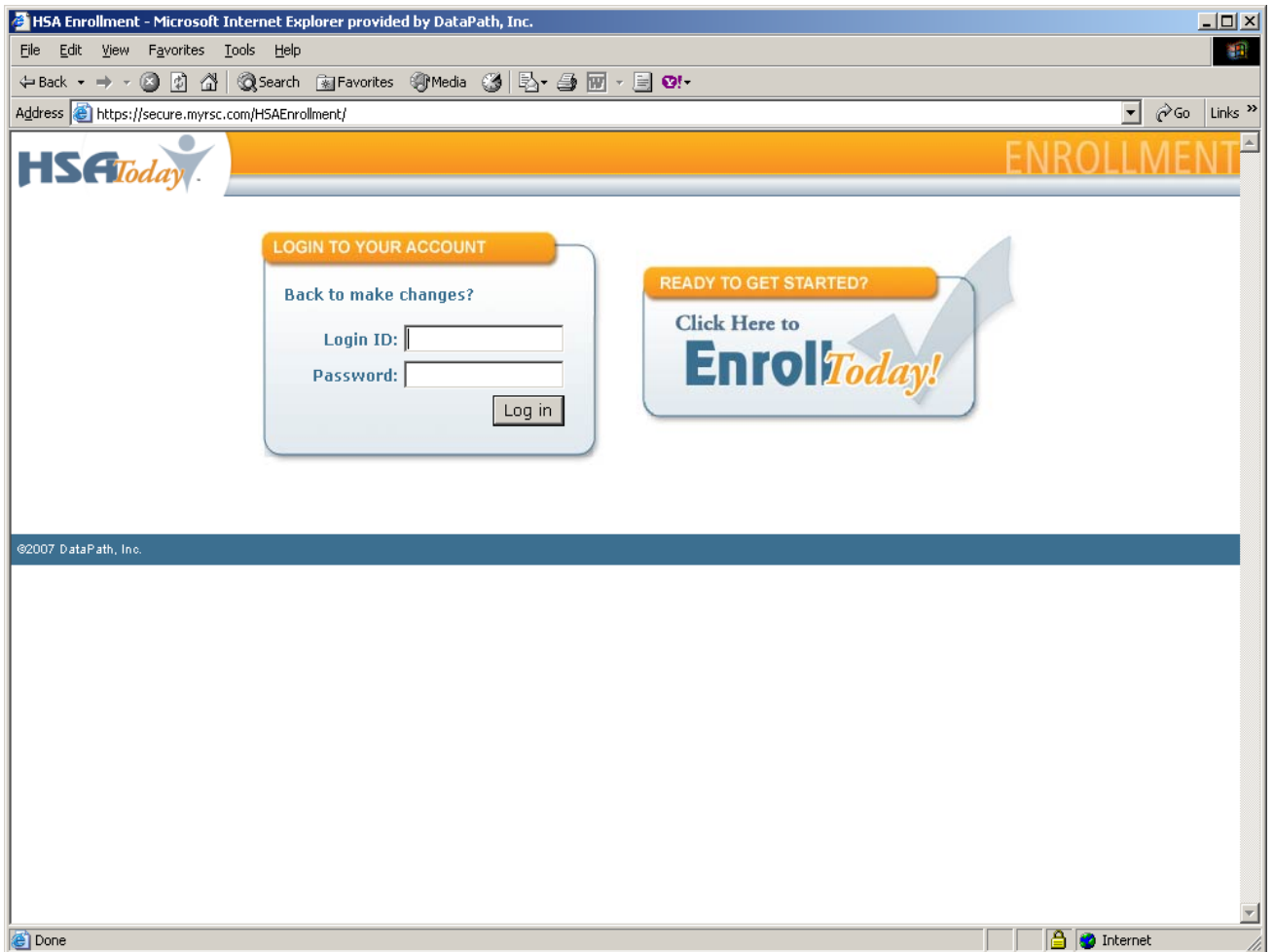
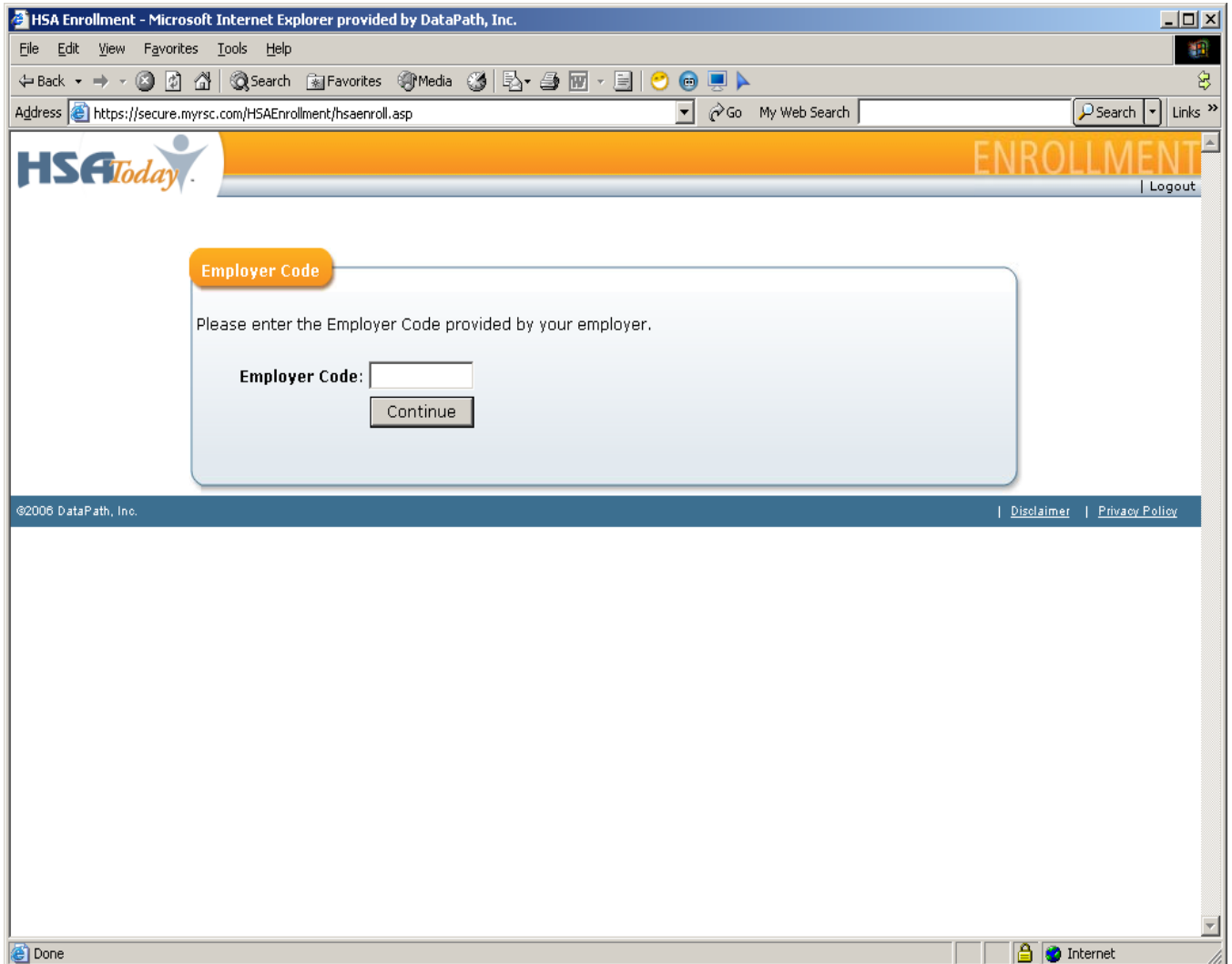


## HSA Employee Online Enrollment Process

- ❖ <http://myhsatoday.com/nat>
- ❖ Open an HSA
- ❖ Click here to visit our online enrollment site link
- ❖ Ready to get started: Click Here to Enroll Today



- ❖ Enter enrollment (employer) code
  - The code is listed on the employer screen in the HSA System on right hand side.



- ❖ Custodial Account Agreement
  - Please read and scroll all the way to the bottom
  - Select “I have read and understand” to continue

**HSA Enrollment - Microsoft Internet Explorer provided by DataPath, Inc.**

File Edit View Favorites Tools Help

Address <https://secure.myrsc.com/HSAEnrollment/hsaenroll.asp> My Web Search Search Links

**HSA Today** **ENROLLMENT** Logout

**CUSTODIAL ACCOUNT AGREEMENT:**

**Table of Contents**

- [Custodial Account Agreement](#)
- [HSA Disclosure Statement](#)
- [HSA Terms & Conditions Statement](#)
- [Privacy Protection Notice](#)

**Introduction** Read this Agreement thoroughly before completing the Application. By accepting the terms of this agreement, which is completed by clicking the “I Have Read and Understand” button at the end of this document, you understand and agree to the terms and conditions of this Agreement and have executed an Application in order to establish an HSA with the Custodian under Section 223, its sub-sections, and applicable rulings and provisions of the Code. You and we acknowledge that the PSP is your authorized representative and agent and may perform certain services such as certification, record keeping, and procedural services for you and/or the employer group to which you belong. This Agreement is mutually acknowledged and agreed upon by the Custodian and the Account Holder (known collectively as the “Parties”)

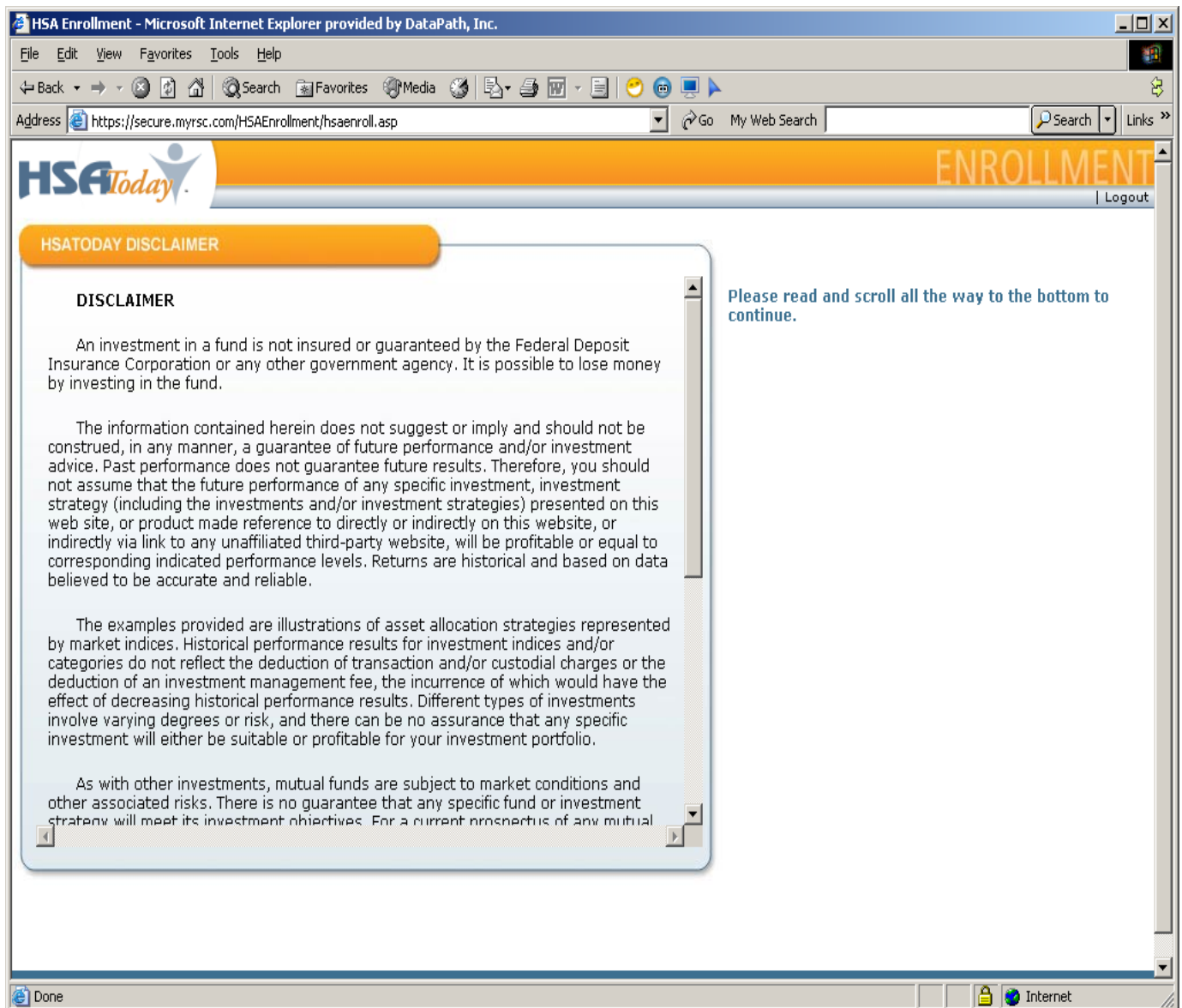
A Health Savings Account (“HSA”) is an individually owned account maintained at a financial institution where tax-favored contributions can be made on behalf of individuals covered under certain High Deductible Health Plans (“HDHPs”) with tax-free distributions allowed for qualified medical expenses. **Note: An individual establishing an HSA is not entitled to tax-favored treatment unless certain federal requirements are met.** These requirements are summarized in this Agreement. Your HSA funds will be initially invested in a Money Market Mutual Fund and will not reside in an FDIC-insured savings or checking account. The Custodian will select the Money Market Mutual Fund, and the prospectus of the actual fund will be available at [www.mutualshare.com](#). Additional investment options may be available at the

Please read and scroll all the way to the bottom to continue.

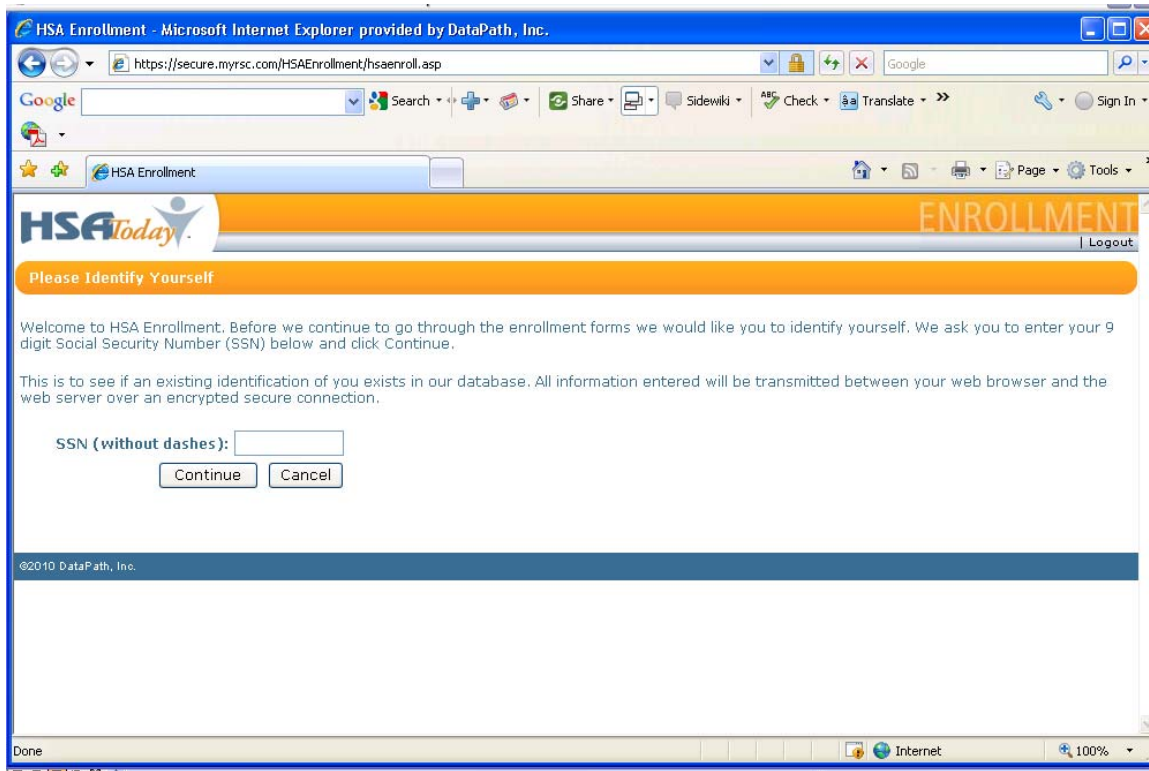
Done Internet

❖ Disclaimer

- Please read and scroll all the way to the bottom
- Select “I have read and understand” to continue



- ❖ Please identify yourself
  - Client will enter in valid social security number
  - continue



- ❖ Login setup
  - Client will create personalized login ID and password
  - Continue

The screenshot shows a web browser window titled "HSA Enrollment - Microsoft Internet Explorer provided by DataPath, Inc." with the URL "https://secure.myrsc.com/HSAEnrollment/hsaenroll.asp". The page has an orange header with the text "Login Setup". Below the header, there is instructional text: "Please create a personalized login. This login can be used if you need to come back and make changes to your HSA enrollment and later to be able to access your myRSC account when the enrollment application has been processed." It also lists restrictions: "Some restrictions do apply. The login ID only accepts alphanumeric (aA-zZ), numeric (0-9), and some special characters (.@\_-)". A note states: "We also ask for a secret question (example: What is the name of your favorite pet?) and answer. This is used for the **Forgot Password** process when your HSA account has been approved and set up." A red warning message reads: "It is recommended that you remember the personalized login and password in the event you cannot complete your online enrollment at this time. This login can be used if you need to come back and make changes." The form contains the following fields: "Your Name:" (three text boxes), "Enter a Personal Login ID:" (one text box), "E-mail Address:" (one text box), "Secret Question:" (one text box with a question mark), "Secret Answer:" (one text box), "Password:" (one text box), and "Re-enter Password:" (one text box). At the bottom of the form are "Continue" and "Cancel" buttons. The browser's status bar at the bottom shows "Done" and "Internet" with a 100% zoom level.

❖ Employee information entry screen

- Fields with red \* are required fields
- Answer eligible questions
  - I am currently, or will be upon the date of my first contribution, an eligible individual as described in the Custodial Account Agreement.
  - I understand that maintaining my eligibility is my responsibility and that the custodian will assume that all contributions are made while I am eligible to do so.
  - I am currently, or will be upon the date of my first contribution, covered by a High Deductible Health Plan (HDHP) that meets the qualifications detailed in the Custodial Account Agreement.

**HSA Enrollment - Microsoft Internet Explorer provided by DataPath, Inc.**

File Edit View Favorites Tools Help

Address <https://secure.myrscc.com/HSAEnrollment/hsaenroll.asp> Go My Web Search Search Links

**HSA Today** **ENROLLMENT** | Logout | Change Password

**Account Holder Information (Part 1 of 5)** \* Required Field

Name (first, middle, last) \*:    Suffix:

Preferred Mailing Address \*:  Home Address  Mailing Address

Home Address \*:

City \*:  State \*:  Zip \*:

Mailing Address: (if different from above)

City:  State:  Zip:

Home Phone (999-999-9999) \*:  Work Phone:

E-mail \*:  Date of Birth (mm/dd/yyyy) \*:

Social Security Number \*:  Driver's License Number:

Mother's Maiden Name (security purposes only) \*:  City of birth \*:

**Employer Information**

Employer Name:

Address:

City:  State:  Zip:

Done Internet

- ❖ Enter Primary Beneficiary(ies)
  - Beneficiary details are not required
  - Continue

Pursuant to Section VI of the Custodial Account Agreement, you are authorized to designate one or more individuals as your Account Beneficiary(ies). For each designated person below, include their address, city, state, zip, social security number (if known) and relationship to you in the space provided. You must also designate a percentage of your remaining account (if any) to be distributed to that individual.  
 NOTE: All percentages must add up to 100%.

**Primary Beneficiary(ies) (Part 2 of 5)**

Name (First, Initial, Last):    Percent:

Address:

Country:

City:  State:  Zip:

SSN:  Relationship:

Name:    Percent:

Address:

Country:

City:  State:  Zip:

SSN:  Relationship:

Name:    Percent:

Address:

- ❖ Enter Contingent Beneficiary(ies)
  - Beneficiary details are not required
  - Continue

HSA Today **ENROLLMENT** | Logout | Change Password

If all individuals listed as Primary Beneficiaries precede you in death or cannot be located after a reasonable search by the custodian, all non allocated funds (if any) in your account will be distributed to your Contingent Beneficiary(ies) designated below. In the event that no beneficiary can be located, your account balance (if any) will be distributed to your estate.  
 NOTE: All percentages must add up to 100%.

**Contingent Beneficiary(ies) (Part 3 of 5)**

Name (First, Initial, Last):    Percent:

Address:

Country:

City:  State:  Zip:

SSN:  Relationship:

Name:    Percent:

Address:

Country:

City:  State:  Zip:

SSN:  Relationship:

Name:    Percent:

Address:

❖ Electronic Funds Transfer

- Enter personal banking information for disbursements
- A bank account for reimbursements is not required

HSA Enrollment - Microsoft Internet Explorer provided by DataPath, Inc.

https://secure.myrsc.com/HSAEnrollment/hsaenroll.asp

Google

Search

Share

Sidewiki

Check

Translate

Sign In

HSA Enrollment

HSA Today

ENROLLMENT

Logout

Electronic Funds Transfer (Part 4 of 5)

I hereby authorize my Plan Service Provider (PSP) to facilitate Electronic Funds Transfer (EFT) between my Health Savings Account (HSA) and my Personal Bank Account as indicated below. These EFT transactions will be facilitated by the PSP but will be initiated by the Custodian. EFT transactions will be either a withdrawal from my Personal Bank Account for subsequent deposit into my HSA or will be a withdrawal from my HSA for subsequent deposit into my Personal Bank Account.

**NOTE!** Bank Routing and Account Numbers are found on your check and not on the deposit slips.

Account Type:  Checking Account  Savings Account

Bank Name:

Address:

City:  State:  Zip:

Bank Routing Number:  
(First 9 numbers on bottom of check)

Bank Account Number:  
(Second set of numbers)

<< Back    Continue...>>

Internet 100%

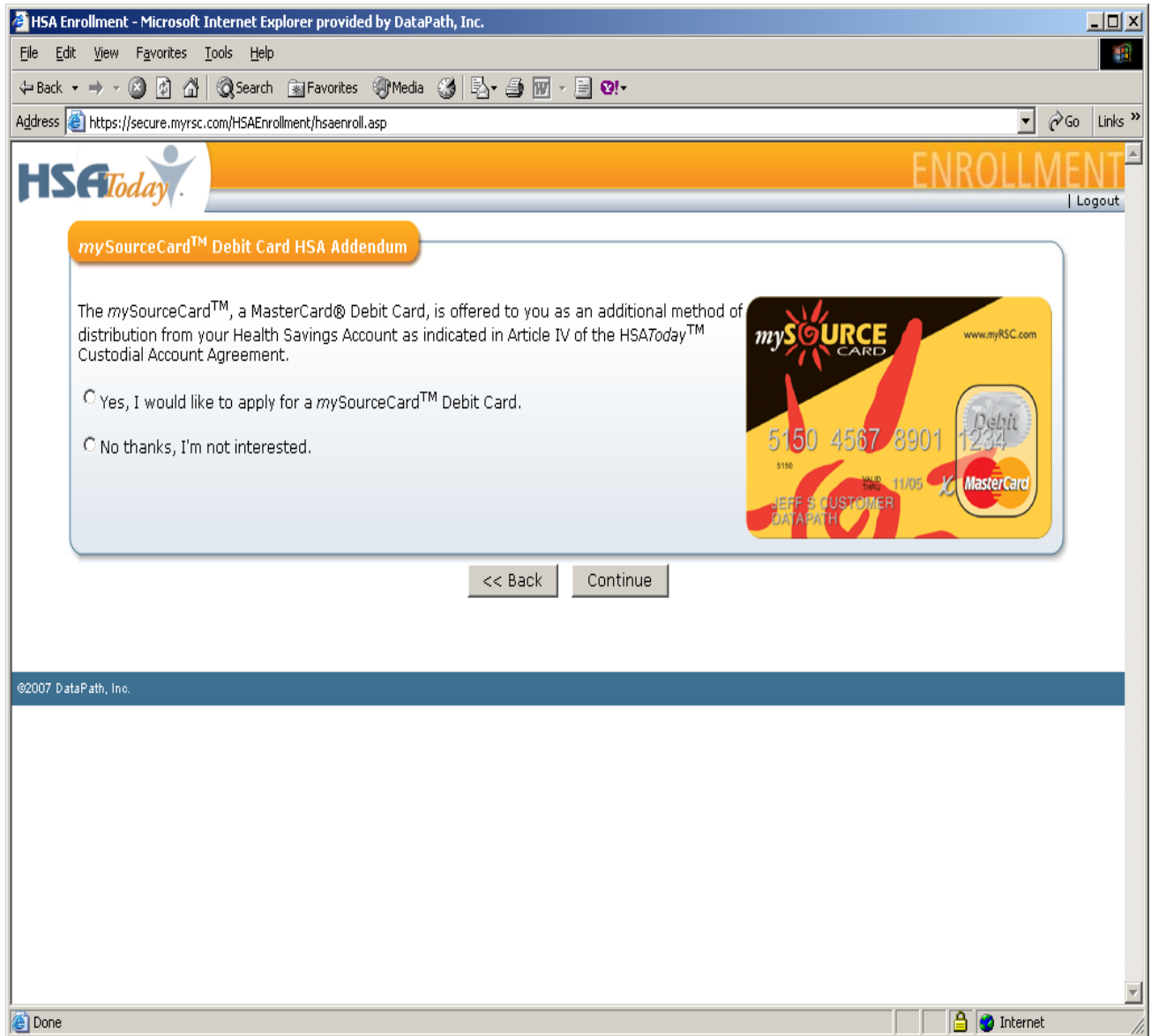
❖ Adoption Agreement

- Read agreement and select check box to agree
- Select 'finish application'



❖ HSA Debit Card Addendum

- Preference setting to allow debit card option during online enrollment
- Client can opt out of debit card option by selecting 'no thanks, I am not interested'
- Continue



## ❖ Complete debit card application

HSA Enrollment - Microsoft Internet Explorer provided by DataPath, Inc.


File Edit View Favorites Tools Help

Address <https://secure.myrsc.com/HSAEnrollment/hsaenroll.asp>

**HSA Today** **ENROLLMENT** | Logout

**mySourceCard™ Debit Card HSA Addendum**

**How the Card Program Works.** As an Owner of an Health Savings Account ("HSA" or "Account"), you have been provided the mySourceCard™, a MasterCard® Debit Card (the "Card"), for your use of purchasing goods and services at various MasterCard® acceptance locations. The Card may not be used to obtain a cash advance from any merchant, bank, or ATM. You agree to save all receipts in the event of an IRS audit and hereby understand that the acceptance of this Card at a merchant does not in any way make a statement to the qualification of such charge as a Tax-Free or Normal distribution from the Account. You agree that the amounts charged on your Card will be paid by electronically deducting the corresponding amount from your Account and you authorize such deductions to be made in accordance with this Agreement. Your total purchases may not exceed the available funds on deposit in your Account at the time of purchase.



**Coordination of Benefits.** In the event that you are issued this card in conjunction with your Account and a Flexible Spending Account, Health Reimbursement Arrangement, Dependent Care Assistance Program, Qualified Transportation or Parking Plan, or other Company sponsored reimbursement plans (the "Employer Plans") in which you participate, which are administered by your Plan Service Provider("PSP"), and additionally associated with this Card, special provisions as listed below may apply. The MasterCard® established Merchant Category Codes ("MCC"), which are used to determine the classification of the individual merchant, may be limited for the Employer Plan and the Account as mutually exclusive. For instance, the MCC for a pharmacy may be assigned to your HSA and would not be assigned to any other benefit such as your Flexible Spending Account. Therefore any purchase at a pharmacy would only be valid up to the balance of your HSA. In some insrabces a single MCC may be assigned to multiple benefit plans and i such case, the amount of funds available for purchases is calculated as the sum of the benefit plans to which that specific MCC is assigned. For instance, the MCC for a dentist may be assigned for your Flexible Spending Account and to your HSA. Therefore any purchase at a dentist would be valid up to the sum of the balances of your HSA and your Flexible Spending Account.

**Fees.** Your PSP will establish the account setup and monthly fees associated with your HSA. Your PSP will establish if such fees will be deducted from your account, paid by your employer, paid by you with non-HSA funds.

**For proper Cardholder Identification, please complete the following information (\* Required Fields).  
Your Card will not be issued until your Plan Service Provider receives this information.**

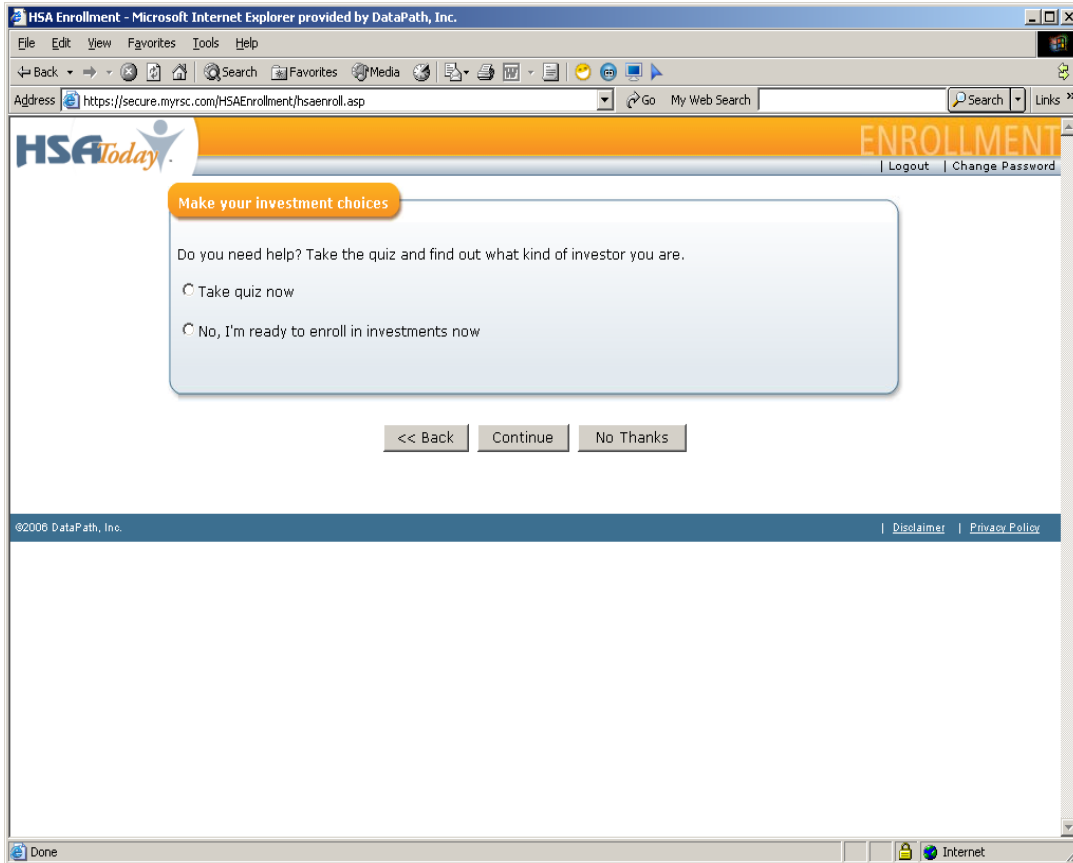
Name on Card \*:  (21 characters maximum including spaces)

Address \*:

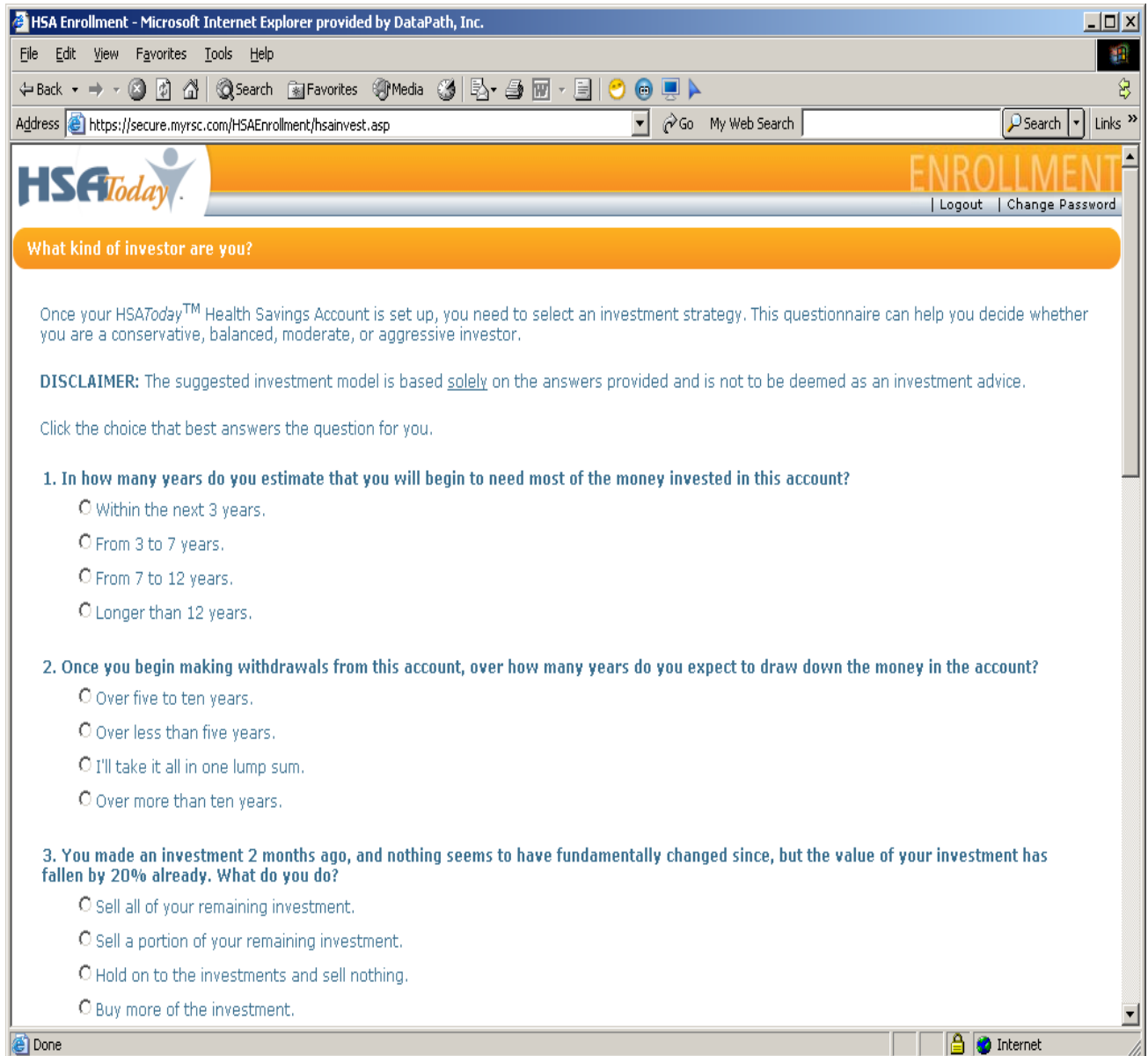
Done Internet

❖ Investment option

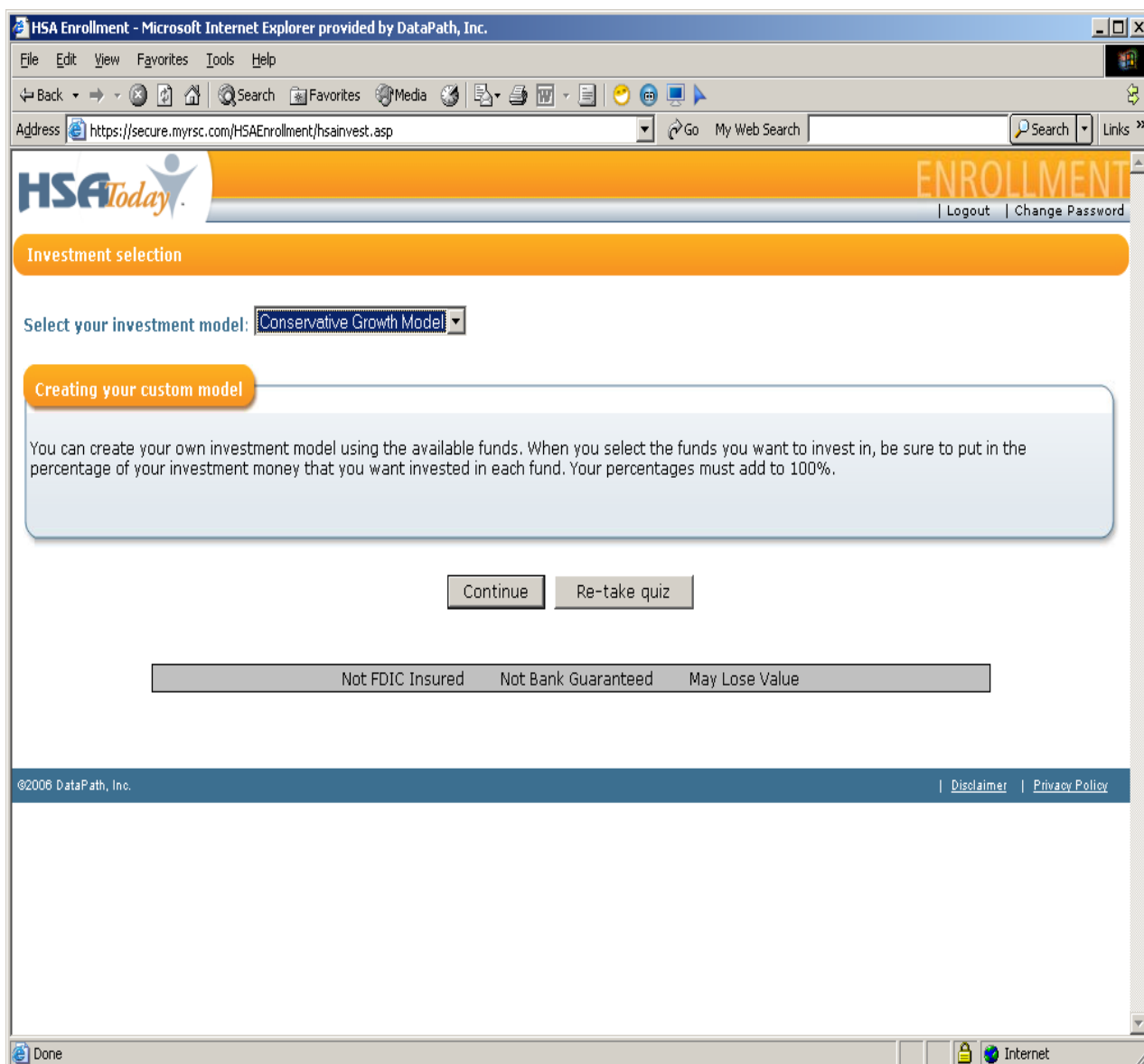
- Client can take quiz to determine what kind of investor they are
- Enroll in investments without taking the quiz
- or not opt to enroll in investments



❖ Investment quiz to determine type of investor



- ❖ Client can choose the following models:
  - Conservative growth
  - Balanced growth
  - Moderate growth
  - Aggressive growth
  - Custom model
- ❖ Option to re-take quiz



- ❖ Complete online HSA Application process
  - Client can go back and review their account information or investment enrollment selection.
  - Client will select 'finished' to complete process

