



HSA Enrollment Instructions

With a Health Savings Account (HSA), you'll pay less in taxes and increase your take-home pay. Take control over your health care dollars and enroll in an HSA today through Navia Benefit Solutions.

A Health Savings Account (HSA) works with a High Deductible Health Plan (HDHP), and lets you set aside a portion of your paycheck—before taxes—into an account to pay for medical expenses that aren't covered by your plan. It can also help you plan for future medical expenses.

You can deposit money into your HSA account up to an annual per person or family limit set by the IRS. When you enroll, an account will be created for you at a sponsor bank and you'll have access to a secure, easy-to-use web portal where you can track your account balance, view your investment accounts and submit requests for reimbursements. You'll get a convenient Navia Benefits Card that makes it easy to access your funds.

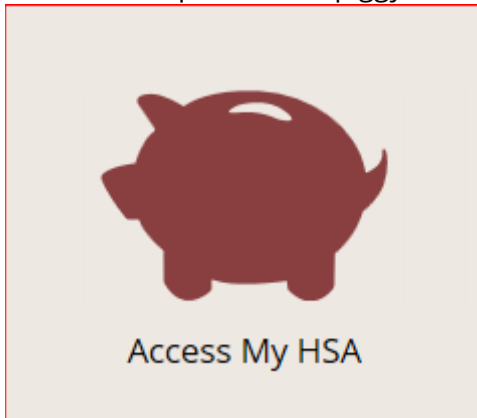
In order to enroll, you will need to register for your online account at www.naviabenefits.com. If you've already registered an account with us, you can skip the registration step and log directly into your account.

Step 1:

If you are new to Navia Benefit Solutions visit www.naviabenefits.com, click the Register in the upper-right corner of the screen and select "I'm a participant." You will need your 3 character employer code in order to register. Your employer code can be found in your HSA enrollment invitation email or by simply calling Customer Service. Shortly after completing the online form you will receive an email confirmation to complete your registration.

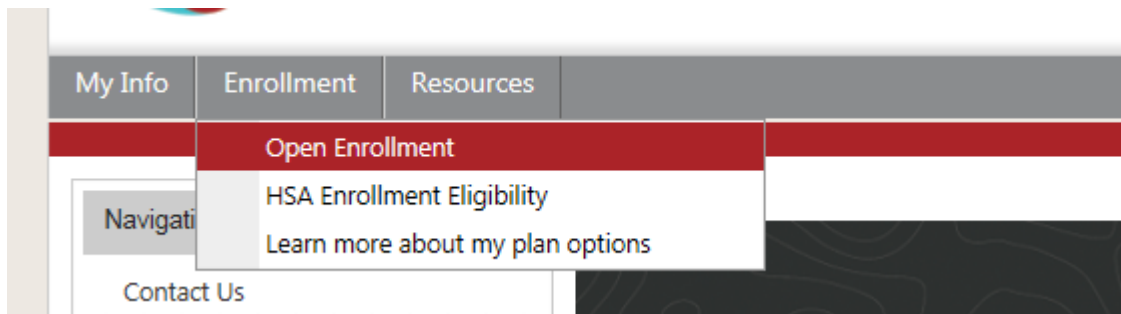
Step 2:

Once you've logged into your account on the Participant Portal, click on the "[Access My HSA](#)" box that shows a picture of a piggy bank.



Step 3:

Begin online enrollment by hovering on the **Enrollment** tab and then click on **Open Enrollment**.



Step 4:

Click on **Enroll Now** in the Enrollment Summary section.

Open Enrollment

For additional information on consumer driven and tax-advantaged benefit accounts, please visit our [Educational Resources](#).

Open Enrollment occurs once a year. Any plans available for enrollment will be listed below.

Enroll Online

What you need to know about procedures for opening an account:

To help the government fight the funding of terrorists and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What will you need to complete this application:

When you apply for an account, we will ask your name, address, date of birth, and other information that will allow us to identify you. We may also ask for your driver's license or other identifying documents.

How long will this take to complete:

The account application should take only 10-15 minutes of your time. Once your application has been approved, you will receive a welcome email with additional instructions.

Enrollment Summary

Below are benefit plans that you are eligible to enroll. Please click on the "Enroll Now" or "Waive Now" link under the Action column to either enroll or waive your enrollment for each plan.

Plan Name	Plan Year	Election	Dependents	Status	Action
Health Saving Account	N/A	\$0.00	N/A	New	Enroll Now - or - Waive Now

Step 5:

Verify and enter missing **Participant Demographics**.

- Fields with an asterisk (*) are required.
- Your social security number is required to set up your HSA account.
- Please use a physical address for your Home Address. PO Box addresses cannot be used to establish your HSA; however you can enter a PO Box address for the Mailing Address.
- Your email address allows you to receive notifications and other important information quickly.

1. Personal Information

Please Note: If you would like to add an Authorized Signer to your HSA account click "Add Authorized Signer" below. Please note that any individual listed as an Authorized Signer will be issued a debit card and must be at least 18 years of age.

Participant Demographics

Demographics

First Name*:

Initial:

Last Name*:

Date of Birth*: (mm/dd/yyyy)

SSN*:

Marital Status: ▼

Gender: ▼

Employment Status*: ▼

Employer Name:

Employer City:

Employer State: ▼

Phone*:

Email*:

Re-enter Email*:

HOME ADDRESS (Not PO Box)*:

Address 1:

Address 2:

City:

State: ▼

Zip: -

Country: ▼

MAILING ADDRESS: Same as Home Address

Click **Add Authorized Signer** (if applicable). Enter the authorized signer's first and last name, relationship, date of birth and SSN. If you and the authorized signer live at the same address click **Copy Primary Address**, otherwise enter the authorized signer's address. Click **Save** to continue.

You will return to the Participant Demographics page. Click **Next** to continue.

Step 6:

Enter a Per Pay Period Election. To complete the PDF test for paper/electronic statements, click **Check here to proceed with the PDF test**. Then click on the **Open Sample PDF File** link. A sample PDF will

open that contains a code.

Copy the code and return to the previous screen. Paste the code in the **firm PDF PIN Number** box.

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2. Additional Information

- Add Primary and/or Contingent Beneficiaries
- Provide one form of ID from the list of acceptable forms of ID

Account Details

Per Pay Period Election:

Paper/Electronic Statements

E-Statements will be available on the online portal as a PDF document. Please check the box below to confirm your ability to open PDF documents. Thank you.

Check here to proceed with the PDF test. Thank you.

In order to elect Electronic Statements, you must verify your ability to access Electronic Statements.

Please open the Sample PDF File, and enter the PDF PIN Number below.

[Open Sample PDF File](#)

Confirm PDF PIN Number:

Note: Paper statements can be provided in addition to your online electronic statements. Once your account has been opened, you can register for online access to your account and update your statement delivery option to include paper statements.

Primary Beneficiaries

There currently is no primary beneficiary.

Contingent Beneficiaries

Sample PDF

You have successfully opened the Sample PDF document.

Please enter the following code where instructed on the page to verify that you were able to view this PDF Sample document:

CODE TO ENTER:

Primary Beneficiary#: 1

Full Name*:

Relationship*:

Date of Birth*: (mm/dd/yyyy)

SSN*:

Beneficiary Percentage*:

ADDRESS*:

Address 1*:

Address 2:

City*:

State*:

Zip*: -

* Field is required

Click **Add Beneficiary** to add primary and contingent beneficiaries.

Select one form of identification and enter the applicable information.

Identification Information

Please select and enter the applicable information for one form of identification for the primary applicant from the list below.

Choose one form of identification from the list*

Drivers License Number*

Issuing State*

Expiration Date* mm/dd/yyyy

Select **I certify that I meet the qualifications to open a Health Savings Account**. Click **Next** to continue.

Step 7:

Verify your **Enrollment Application** carefully. Click **Edit** in any of the sections to make corrections.

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Enrollment Application

Participant Demographics

Name: John Smith
Billing Address: 123 Test Street, Bellevue, WA 98004, United States
Card Shipping Address: Same as Billing Address
Phone: 9999999999
Email: jsmith@flex-plan.com
Date of Birth: 1/1/1970
Marital Status: Married
Social Security Number: 123456789
Employment Status: Employed
Employer Name: Flex-Plan Services
Employer City: Bellevue
Employer State: WA

[Edit](#)

Primary Beneficiaries

Name	Relationship	Date of Birth	SSN	Beneficiary Percentage
Jane Smith	Spouse	1/1/1970	123456789	100%

Address: 123 Test Street, Bellevue, WA, 98004

[Edit](#)

Contingent Beneficiaries

No beneficiary entered

[Edit](#)

Account Details

Per Pay Period Election: \$20.00
Paper/Electronic Statements: Check here to proceed with the PDF test. Thank you.

[Edit](#)

Other Information

Identification Type: Drivers License
Drivers License Number: SMITH*JA165PM
Issuing State: Washington
Expiration Date: 12/31/2015

[Edit](#)

Check that you have read and agreed with the **Electronic Records and Disclosure Agreement, HSA Online Deposit and Disclosure Agreements** and the **Privacy Disclosure**. You must read each agreement and select **Yes I Accept** to continue.

Disclosures

Clicking "Yes, I accept" below constitutes your agreement to be bound by the terms of each of the Account Documents contained at the links below and your acknowledgment that you have opened, read, understood and hereby agree to the terms of each of these Account Documents. You must click and review the links below to continue the application process. Please print and retain these Account Documents for your records. This will be your only opportunity to print them during this online application.

- ✓ [Electronic Records and Disclosure Agreement](#)
- ✓ [HSA Online Deposit and Disclosure Agreements](#)
- ✓ [Privacy Disclosure](#)

Yes I Accept

Sign the application electronically by entering your first name, last name and then confirming both your first and last name. These fields are case sensitive. Click **Submit Application** to continue.


Electronic Signature

By electronically signing this application, the undersigned acknowledges that they have opened a Avidia Bank Checking Account, and have read, understand and agree to be bound by the terms of the Deposit Account Agreement and HSA Custodial Agreement. The undersigned further acknowledges that they have read and understand the disclosures made available in this online application. The undersigned authorizes Avidia Bank to make inquiries from any consumer reporting agency, including a check protection service, in connection with this account.

First Name*	Last Name*	Date Signed
<input type="text" value="John"/>	<input type="text" value="Smith"/>	11/19/2013
Confirm First Name*	Confirm Last Name*	
<input type="text" value="John"/>	<input type="text" value="Smith"/>	

Step 8:

You may be prompted to complete identity authentication questions. Click **Submit Answers** to continue.

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Begin Online Enrollment...

ID Authentication

Identity Authentication Questions

In which county was your SILVERDALE address?

- PONCE
- WILKES
- KITSAP
- ADAIR
- None of the above

In which county have you lived?

- GRAYSON
- KING
- BONNEVILLE
- BEXAR
- None of the above

In which city is 142ND NE AVE?

- WOODINVILLE
- BLANCHARD
- COBALT
- INDIAN SPRINGS
- None of the above

Which street have you lived on?

- 137TH SE PL
- CYPRESS POINT DR
- TAHOE TERRACE
- ANZA ST
- None of the above

Expiration Date

12/31/2015

Step 9:

Congratulations! You have now successfully completed your HSA enrollment! Once your application is approved you will receive a confirmation welcome email.

Please contact Navia Benefit Solutions if you have any questions pertaining to your HSA!