

## HSA Registration Process

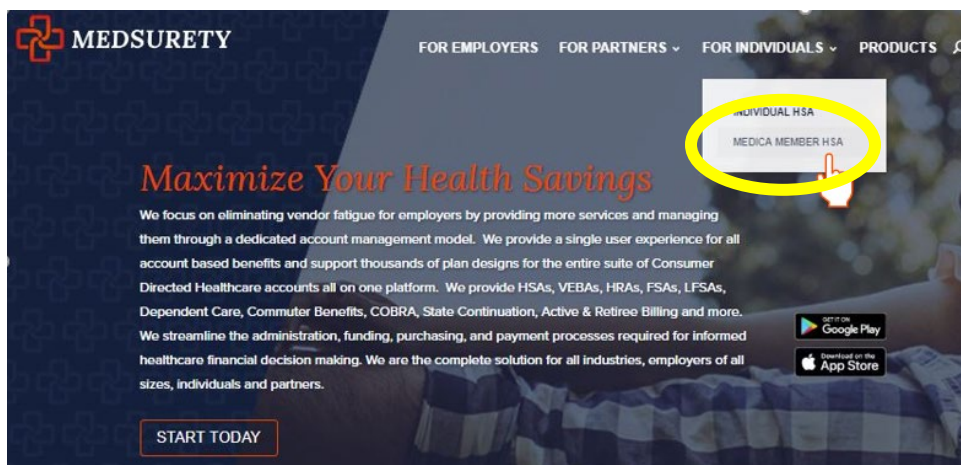
Medica has selected Medsurety to provide Individual and Family plan members with a Health Savings Account with a high level of service, and all the current online and mobile features to help you save and pay for your medical expenses. The Medsurety FDIC insured HSA provides a VISA debit card, Investment options, mobile app, text messaging alerts and self- help tools.

### Information to have ready to enroll in your HSA:

- Social Security Number
- Checking Account Routing Number and Checking Account Number
- If you have family health coverage and are enrolling in a Family HSA you will also need:
  - Spouse & Dependents, date of births and social security numbers

Visit [www.medsurety.com](http://www.medsurety.com) to get started!

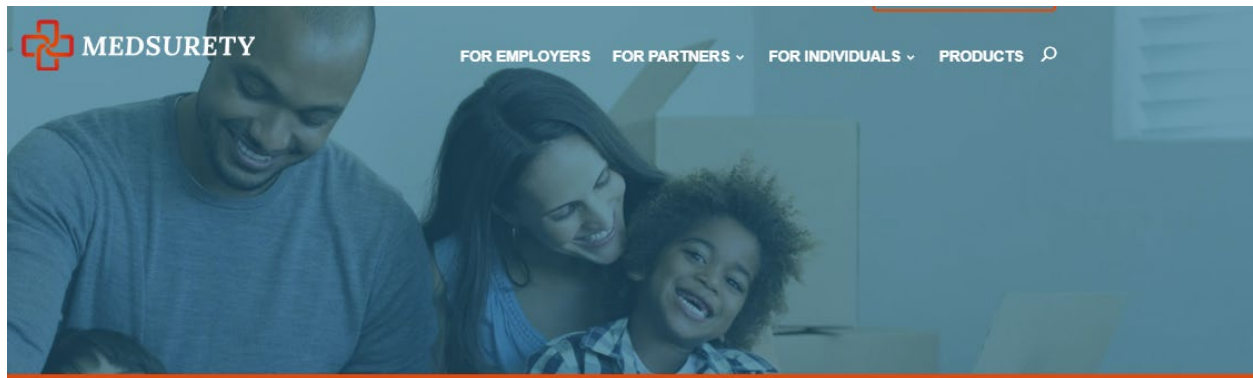
Or call 1-888-816-4234



On the Homepage click on the:

FOR INDIVIDUALS  
MEDICA MEMBER HSA

button to get started.



# MEDICA<sup>®</sup>

Preferred Individual and Family  
HSA

## MEDSURETY & YOU

What if you could reduce your out of pocket costs by saving an average of 30% on your future healthcare expenses and begin to save for healthcare retirement? Well, you can with a health savings account from *MEDSURETY*.

Our HSA was designed for you  
— putting the power of saving  
and paying for healthcare  
expenses in your hands

OPEN YOUR HSA

## Benefits – MEDSURETY HSA


- Secure, interest bearing FDIC account with market leading interest rates
- 24/7 online portal with real-time access
- Convenient mobile app gives you access on the go
- MEDSURETY benefit debit card for easy payment
- Investment options with best in class mutual funds
- No wait reimbursements; Pay yourself using direct deposit to your checking or savings accounts

Click on the  
“OPEN YOUR HSA”.

The screenshot shows the Medsurety website's login and account creation interface. At the top, there is a dark blue header with the Medsurety logo on the left and the tagline "Maximize Your Health Savings" on the right. Below the header, the page is divided into two main sections. The left section, titled "Login", contains a form for existing users with fields for "Username" and "Password", each with a "Forgot" link, and a "Login" button. The right section, titled "Setting up a New Account?", includes a brief instruction and a prominent "Get Started" button. A yellow oval highlights the "Get Started" button. At the bottom of the page, there is a footer with contact information: "Contact Us - Call MEDSURETY LLC at (952) 303-5700, Toll Free at (888) 816-4234 or Email us at customersevice@medsurety.com".

Click on the “Get Started”  
button to begin entering the  
needed information.

## Step 1 – Create Account

**MEDSURETY**Maximize Your Health Savings

### Create Account

Personal Information

Please enter the following personal information to create your account.  
Create a username and password to login to your account in the future.

**Name\***

**Birth Date\***

**Home Address\***

United States

Address Line one

Address Line two

City

Select a state...

Zip Code

**Mailing Address\***

☒ Same as Home Address

**Email Address\***

**Confirm Email Address\***

**Login Information**

**Username\***

Your username may contain alphanumeric characters and any of the following special characters: period (.), at sign (@), underscore (\_), and dash (-).

**Password\***


The password must: - Have a minimum of 8 characters - Contain at least one of these special characters: !@#%&\* - Not be one of your last 3 passwords - Contain upper and lowercase letters - Contain at least one number

**Confirm Password\***

Enter the following personal information to create your account.

You will need to create a username and password to login to your account in the future.

## Step 2 – Answer Security Questions

**MEDSURETY**Maximize Your Health Savings

### Answer Security Questions

Please enter an answer to any 3 security questions to complete your user setup. To keep your information secure, you will be asked to answer a question to complete sensitive actions within the portal such as resetting a forgotten password.

In which city did you get engaged?

Minneapolis

What is your father's middle name?

What college was your college rival (abbr: NYU, UCF)?

### Step 3 – Summary of Accounts

 **MEDSURETY** Maximize Your Health Savings

[Logout](#)

**Summary of Accounts**  
[Agreements](#) [Profile](#) [Dependents](#) [Eligibility](#) [Payments](#) [Beneficiaries](#) [Summary](#) [Confirmation](#)

Review the pre-tax benefits available to find out how to best use these accounts.

**Individual HSA** [View Details](#)

HSAs are individually owned health reimbursement accounts that allow untaxed dollars to fund the account. Interest or dividends accumulate tax-free, and reimbursement of qualified medical expenses are tax free.

HSAs work hand in hand with high-deductible health plans (HDHP). Individuals who make contributions to an HSA must be covered by an HDHP. The HDHP must satisfy minimum deductible amounts with certain out-of-pocket maximums. To review minimum deductible amounts and out-of-pocket maximums visit [irs.gov](http://irs.gov). HSA account holders may not be covered by any other insurance plan that is not an HDHP or that covers benefits provided by the HDHP or below the deductible of the HDHP. There are exceptions for "permitted insurance" or "permitted coverage" products. An HSA must be set up with a qualified custodian or trustee. *Worldwide Administrator's custodian is HealthcareBank.*


*(Note: Above is default text.)*

\* The information provided on this web page is general in nature and does not reflect the view of the trustee or custodian bank and should not be relied upon as tax or legal advice. This information does not amend any provision of the custodial documents and agreements.

[Cancel](#) [Next >](#)

 **Questions?**  
Contact MEDSURETY LLC at: (952) 303-5700 or toll free at: (888) 816-4234 or [customerservice@medsurety.com](mailto:customerservice@medsurety.com)

### Step 4 – HSA Enrollment: Agreement

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[Logout](#)

**HSA Enrollment: Agreements**  
[Agreements](#) [Profile](#) [Dependents](#) [Eligibility](#) [Payments](#) [Beneficiaries](#) [Summary](#) [Confirmation](#)

You must accept the terms and conditions for this account by reviewing and accepting all agreements listed below.

**Electronic Disclosure** [Read and agree](#)  
**HSA Custodial Agreement and Disclosure Statement** [Read and agree](#)  
**Important Information on Patriot Act Requirements** [Read and agree](#)

[Fee Schedule](#)  
[Interest Information](#)

[Cancel](#) [< Previous](#) [Next >](#)

 **Questions?**  
Contact MEDSURETY LLC at: (952) 303-5700 or toll free at: (888) 816-4234 or [customerservice@medsurety.com](mailto:customerservice@medsurety.com)

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You must accept the terms and conditions for this account by reviewing and accepting all agreements listed.

Review Fee Schedule and Interest Information.

**Electronic Disclosure**

In order to apply for an ISA, you must consent to receipt of documents in electronic form, including your nominee forms, Custodial Agreement and Disclosure Statement, HealthshareLink Investor Rate Disclosure, HealthshareLink Privacy Policy, 1099-SA and 5498-SA tax forms, documents issued by mutual fund companies, including prospectuses, trade confirmations, and other investment fund information, your ISA summary and any confirmation of your online instructions or elections. Your consent will apply to all future applicable notices relating to your Health Savings Account (HSA) until you are no longer an accountholder or until you withdraw consent as provided below.

All communications will be provided electronically. If you wish to receive your ISA summary and tax forms in paper form, you may select that option by changing your election under Statements & Notifications. Additional fees may apply for paper copies. Consult your HSA Administrator for any applicable. Investment options may not be available if you do not consent to receive prospectuses, trade confirmations and related documents in electronic form.

**Security, Hardware and Software Information**

In order to receive information and disclosures in electronic format, you must have access to a computer with the following browser software or equivalent software and communications access to the Internet:

Browser Software	Minimum Version Required
Microsoft Internet Explorer (IE)	11.11 and greater
Mozilla Firefox	Most current and prior 2 versions
Apple Safari	5.x or greater
Google Chrome	Most current and prior 2 versions
Microsoft Edge (Windows 10)	Most current and prior 2 versions


You will also need Adobe Acrobat Reader to view and download the agreements, disclosures, ISA summaries, tax forms, investment fund information or any other applicable items.

**For Your Records**

In order to keep agreements and summaries for your records, you will need access to a printer or the ability to download and save information.

☒ I have read and agree to the Electronic Disclosure Agreement.

## HSA Custodial Agreement and Disclosure Statement



**HealthcareBank**  
Your Future. Our Business.

### Custodial Agreement and Disclosure Statement

The Accountholder is establishing this Health Savings Account ("HSA") exclusively for the purpose of paying or reimbursing qualified medical expenses of the Accountholder, his or her spouse, and dependents. The Accountholder represents that, unless this account is used solely to make rollover contributions, he or she is eligible to contribute to this HSA, specifically, that he or she (1) is covered under a high deductible health plan ("HDHP"), (2) is not also covered by any other health plan that is not an HDHP (with certain exceptions for plans providing preventive care and limited types of permitted insurance and permitted coverages), (3) is not enrolled in Medicare, and (4) cannot be claimed as a dependent on another person's tax return. Healthcare Bank, a division of Bell Bank, is the "Custodian" under this agreement.

The Accountholder and the Custodian make the following agreement:

#### Article I.

**1.01** The Custodian will accept cash contributions for the tax year made by the Accountholder or on behalf of the Accountholder (by an employer, family member or any other person). No contributions will be accepted by the Custodian for any Accountholder that exceeds the maximum amount for family coverage plus the catch-up contribution (for individuals who attain age fifty-five (55) before the close of the tax year).

**1.02** Contributions for any tax year may be made at any time before the deadline for filing the Accountholder's federal income tax return for that year (without extensions).

**1.03** Rollover or transfer contributions from an HSA, Individual Retirement Account, or an Archer Medical Savings account (Archer MSA) are permitted subject to applicable rules.

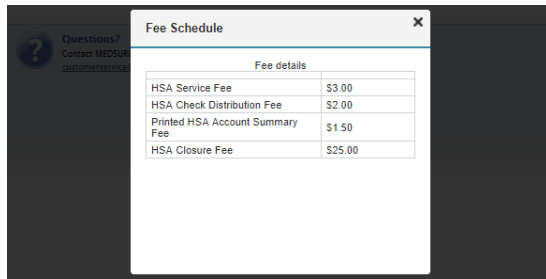
#### Article II.

**2.01** Contributions to the Accountholder's HSA are subject to a maximum annual limit, based on whether the Accountholder has elected single or family coverage under the HDHP. For calendar year 2017, the maximum annual contribution limit for an Accountholder with single coverage is \$3,400 and will be \$3,450 in 2018. For calendar year 2017, the maximum annual contribution limit for an Accountholder with family coverage is \$6,750 and will be \$6,800 in calendar year 2018. These limits are subject to annual cost-of-living adjustments. Eligibility

☐ I have read and agree to the Custodial Agreement.

A screenshot of a web page titled "Important Information on Patriot Act Requirements". The page has a dark blue header with the title in white. The main content area is white and contains a section titled "Important Information on Patriot Act Requirements" in bold. Below this title is a paragraph of text explaining the government's efforts to fight terrorism and money laundering, and how this affects users of the service. The text mentions that users may be asked for personal information and that their identity may be verified through a database. It also states that users may be required to provide additional information and that their HSA may be closed if verification is not possible. The text concludes by stating that users may incur tax consequences as a result of this distribution. The page has a dark blue footer with a navigation bar containing a link to "Important Information on Patriot Act Requirements".

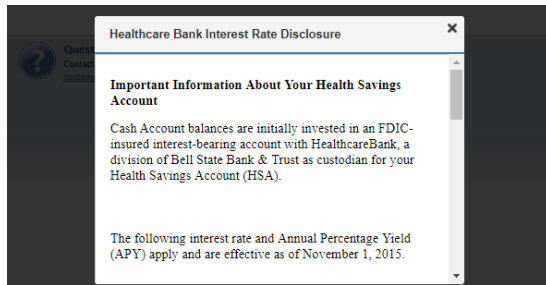
## Step 4: View Fee Schedule



A screenshot of a web application showing a 'Fee Schedule' window. The window has a title bar with a close button. Inside, there is a table titled 'Fee details' with two columns: the fee name and the amount. The table lists four fees: HSA Service Fee (\$3.00), HSA Check Distribution Fee (\$2.00), Printed HSA Account Summary Fee (\$1.50), and HSA Closure Fee (\$25.00). On the left side of the window, there is a sidebar with a question mark icon and the text 'Questions? Contact MEDSURETY customer service'.

Fee details	
HSA Service Fee	\$3.00
HSA Check Distribution Fee	\$2.00
Printed HSA Account Summary Fee	\$1.50
HSA Closure Fee	\$25.00

## Step 4: Interest Information



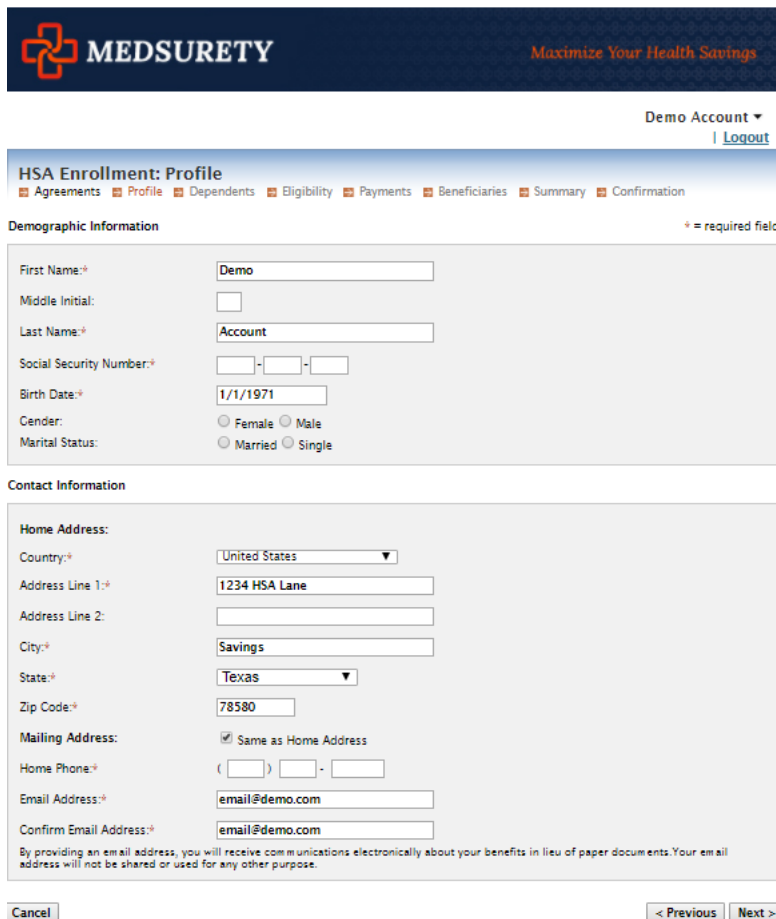
A screenshot of a web application showing a 'Healthcare Bank Interest Rate Disclosure' window. The window has a title bar with a close button. Inside, there is a section titled 'Important Information About Your Health Savings Account' followed by a paragraph of text. Below this, there is another paragraph of text. On the left side of the window, there is a sidebar with a question mark icon and the text 'Questions? Contact MEDSURETY customer service'.

**Important Information About Your Health Savings Account**

Cash Account balances are initially invested in an FDIC-insured interest-bearing account with HealthcareBank, a division of Bell State Bank & Trust as custodian for your Health Savings Account (HSA).

The following interest rate and Annual Percentage Yield (APY) apply and are effective as of November 1, 2015.

## Step 5: HSA Enrollment Profile



A screenshot of the 'HSA Enrollment: Profile' form in a web application. The form is titled 'HSA Enrollment: Profile' and has a navigation bar with links: Agreements, Profile (active), Dependents, Eligibility, Payments, Beneficiaries, Summary, and Confirmation. The form is divided into two main sections: 'Demographic Information' and 'Contact Information'. The 'Demographic Information' section includes fields for First Name, Middle Initial, Last Name, Social Security Number, Birth Date, Gender, and Marital Status. The 'Contact Information' section includes fields for Home Address (Country, Address Line 1, Address Line 2, City, State, Zip Code), Mailing Address (checkbox for 'Same as Home Address'), Home Phone, Email Address, and Confirm Email Address. There are 'Cancel', '< Previous', and 'Next >' buttons at the bottom of the form.

**Demographic Information** \* = required field

First Name: Demo  
Middle Initial:   
Last Name: Account  
Social Security Number: - -  
Birth Date: 1/1/1971  
Gender: ☐ Female ☐ Male  
Marital Status: ☐ Married ☐ Single

**Contact Information**

Home Address:  
Country: United States  
Address Line 1: 1234 HSA Lane  
Address Line 2:   
City: Savings  
State: Texas  
Zip Code: 78580  
Mailing Address: ☒ Same as Home Address  
Home Phone: ( ) -  
Email Address: email@demo.com  
Confirm Email Address: email@demo.com  
By providing an email address, you will receive communications electronically about your benefits in lieu of paper documents. Your email address will not be shared or used for any other purpose.

Cancel < Previous Next >

Complete your profile.

Have your social security number ready.

## Screen 6: Dependents

Maximize Your Health Savings

Demo Account ▾  
[Logout](#)

**HSA Enrollment: Dependents**  
■ Agreements ■ Profile ■ **Dependents** ■ Eligibility ■ Payments ■ Beneficiaries ■ Summary ■ Confirmation

\* = required field

Complete the dependent information below if you have any dependents and click the **Add Dependent** button to add the dependent. If you do not have any dependents or when you have added all of your dependents, click the **Next** button.

First Name:\*

Middle Initial:

Last Name:\*

Social Security Number:  
 -  -

Birth Date:\*

Gender:  
☒ Female ☐ Male

Full Time Student:\*  
☐ Yes ☒ No

Relationship:\*

**Questions?**  
Contact MEDSURETY LLC at: (952) 303-5700 or toll free at: (888) 816-4234 or  
[customerservice@medsurety.com](mailto:customerservice@medsurety.com)

If you are signing up for a Family HSA, you will need your spouse and children's social security numbers and date of births.

## Screen 7: Eligibility

Maximize Your Health Savings

Demo Account ▾  
[Logout](#)

**HSA Enrollment: Eligibility**  
■ Agreements ■ Profile ■ Dependents ■ **Eligibility** ■ Payments ■ Beneficiaries ■ Summary ■ Confirmation

Health Savings Account Qualification \* = required field

To qualify for an HSA, you must meet the following requirements. You are responsible for ensuring that you meet these requirements and are eligible to contribute to an HSA.

You must have a qualifying health plan or be opening an account to rollover balances from an existing HSA account. ②

You cannot have any other disqualifying health coverage. ②

You cannot be covered by a first-dollar full coverage health flexible spending account (FSA) or health reimbursement arrangement (HRA). You can be covered by a limited purpose or post-deductible FSA or HRA as well as a retirement or suspended HRA. ②

You cannot be claimed as a dependent on anyone else's tax return.


You cannot be enrolled in Medicare, Medicaid, or TRICARE.

Other circumstances may affect your eligibility to establish or contribute to an HSA. Refer to [IRS publication 969](#), "Health Savings Accounts and Other Tax Favored Health Plans", for information about special rules that affect eligibility. You may download a copy of this publication from [www.irs.gov](http://www.irs.gov). The publication is also available by calling 1-800-829-3676. You are solely responsible for determining whether you are eligible for an HSA, and for determining you remain eligible in the future.

☒ I certify that I meet the qualifications to open a Health Savings Account

**Qualifying Health Plan Coverage**  
Provide the following information about your qualifying health plan coverage to determine your maximum contribution to your HSA.

Coverage Level: ②


**Questions?**  
Contact MEDSURETY LLC at: (952) 303-5700 or toll free at: (888) 816-4234 or  
[customerservice@medsurety.com](mailto:customerservice@medsurety.com)

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Select the appropriate qualifying health plan coverage level.



## Step 8: HSA Enrollment Payments

Maximize Your Health Savings

Logout

**HSA Enrollment: Payments**  
Agreements Profile Dependents Eligibility **Payments** Beneficiaries Summary Confirmation

**Debit Card**  
Your Debit Card provides convenient access to your benefit dollars. Use the card to pay qualified medical expenses for you and your qualified dependents.


Name	Accounts Available on Card	Card Shipped To
Demo Account	<input checked="" type="checkbox"/> Issue Card	Individual HSA
		1234 HSA Lane Savings, TX 78580

**Reimbursement Method**  
How would you like to receive distributions?

☒ **Direct Deposit**  
Signing up for direct deposit will allow your disbursements to be deposited in your designated bank account.

☐ **Check**  
A reimbursement check will be sent via U.S. mail based on your normal reimbursement schedule.


Cancel< PreviousNext >

**Questions?**  
Contact MEDSURETY LLC at: (952) 303-5700 or toll free at: (888) 816-4234 or [customerservice@medsurety.com](mailto:customerservice@medsurety.com)

There are two reimbursement methods, the Direct deposit method allows you to make contributions and receive reimbursements electronically and quickly into your designated bank account for no charge.

The check method is available and includes a fee per check printed and mailed of \$2.00 per check.


## Step 9: HSA Enrollment Payments (direct deposit)

Maximize Your Health Savings

Logout

**HSA Enrollment: Payments**  
Agreements Profile Dependents Eligibility **Payments** Beneficiaries Summary Confirmation


**Bank Account** \* = required field  
Enter your bank account information to setup your direct deposit account.

Routing Number: \*

Account Number: \*

Confirm Account Number: \*

Account Type: \*  
Checking ▼

Account Nickname: \*

**Bank Information**  
Enter the contact information for your bank. This information may be pre-filled for you based on the routing number you entered above.

Bank Name: \*


Address Line 1: \*

City: \*

State: \*  
Select a state ... ▼

Zip Code: \*


Cancel< PreviousNext >

**Questions?**  
Contact MEDSURETY LLC at: (952) 303-5700 or toll free at: (888) 816-4234 or [customerservice@medsurety.com](mailto:customerservice@medsurety.com)

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## Step 10: Beneficiaries

 **MEDSURETY**

Maximize Your Health Savings

Demo Account ▾  
[Logout](#)

### HSA Enrollment: Beneficiaries

▢ Agreements ▢ Profile ▢ Dependents ▢ Eligibility ▢ Payments ▢ **Beneficiaries** ▢ Summary ▢ Confirmation

\* = required field

You may designate a beneficiary for your Health Savings Account. The designated beneficiary will receive your HSA assets in the event of your death.

If you are married in common law or in a community property state, you must designate your spouse as your Primary Beneficiary. You can change beneficiaries by submitting a notarized [Beneficiary Change Form](#) with your spouse's signature of consent.

Please complete the fields below with the requested beneficiary information.

First Name:\*  
Middle Initial:  
Last Name:\*  
Social Security Number:\*  
Birth Date:\*  
Address Line 1:\*  
Address Line 2:  
City:\*  
State:\*  
Zip Code:\*  
Type:\*  
Relationship:\*  
Share Percentage:\*

Test

Account

452 -45 -0001

1/1/1971

1234 HSA Lane

Savings

Texas ▾

78580

☒ Primary ☐ Contingent

Spouse ▾

100

Add Beneficiary


Dependents

Select a dependent to pre-fill form with the dependent's information.  
[Test Account](#)  
[Child Account](#)

Cancel


< Previous

Next >



**Questions?**  
Contact MEDSURETY LLC at: (952) 303-5700 or toll free at: (888) 816-4234 or [customerservice@medsurety.com](mailto:customerservice@medsurety.com)

## Step 11: HSA Enrollment Summary

Maximize Your Health Savings

Demo Account ▾  
[Logout](#)

### HSA Enrollment: Summary

■ Agreements ■ Profile ■ Dependents ■ Eligibility ■ Payments ■ Beneficiaries ■ **Summary** ■ Confirmation

Please verify the following information is correct and click Next to continue your enrollment.

**Profile**

Update

Name:

Demo Account

Social Security Number:

452450000

Birth Date:

1/1/1971

Gender:

Male

Marital Status:

Married

Home Address:

1234 HSA Lane  
Savings, TX 78580  
United States

Mailing Address:

1234 HSA Lane  
Savings, TX 78580  
United States

Home Phone:

(612) 123-4567

Email Address:

email@demo.com

**Dependents**

Update

Name	SSN	Birth Date	Gender	Full Time Student	Relationship
Test Account	xxx-xx-0001	1/1/1971	Female	No	Spouse
Child Account	xxx-xx-0002	1/1/2001	Male	Yes	Dependent

**Eligibility**

Update

**Qualifying Health Plan Coverage**  
Coverage Level: Family

**Payment Method**

Update

**Benefits Debit Card**  
Cards Issued to:  
Demo Account

**Direct Deposit**  
Account Usage: Direct Deposit  
Bank Name: TCF NATIONAL BANK MN  
Account Type: Checking  
Routing Number: 291070001  
Account Number: xxxx5678

You have selected Direct Deposit as your reimbursement method. You must complete and submit the [Direct Deposit Form](#)<sup>®</sup> in order to setup your direct deposit account.

**Beneficiaries**

Update

Cancel

< Previous

Next >

## Step 12: HSA Enrollment Creation Authorization

**MEDSURETY** Maximize Your Health Savings

Demo Account | Logout

### HSA Enrollment: Creation Authorization

Agreements Profile Dependents Eligibility Payments Beneficiaries Summary Confirmation

By submitting the enrollment, you are requesting that a Health Savings Account be opened in your name.

☐ I affirm that all information I have provided is true and correct and may be relied upon by the Designated Representative and the HSA Custodian.

☐ I understand the eligibility requirements for this HSA and I state that I am responsible for determining whether I qualify to make deposits to this HSA. I am responsible for:

- A. Determining that I am eligible to make contributions to an HSA for each year I make a contribution;
- B. Ensuring that all contributions are within the maximum limitations set forth by the tax laws, taking into account my coverage and the applicable deductible under a high deductible health plan;
- C. The tax consequences of any contributions (including rollover contributions) or distributions;
- D. Seeking the assistance of a qualified tax or legal professional to address any questions or concerns I may have about eligibility, contribution limitations, or the taxation of contributions or distributions from my HSA.

☐ I certify that I have received a copy of the enrollment form, the Designation of Representative, the Custodial Agreement and Disclosure Statement, and the Privacy Policy. I understand that I may revoke the HSA on or before seven (7) days after the date of establishment. I have not received any tax or legal advice from the Designated Representative or the Custodian, and I will seek the advice of my own tax or legal professional to ensure my compliance with related laws. I release and agree to hold the Custodian and Designated Representative harmless against any and all claims or losses arising from my actions.

Submit Enrollment < Previous

**Questions?**  
Contact MEDSURETY LLC at: (952) 303-5700 or toll free at: (888) 816-4234 or [customerservice@medsurety.com](mailto:customerservice@medsurety.com)

Review and affirm / confirm all information provided is correct and true.

## Step 13: Confirmation

**MEDSURETY** Maximize Your Health Savings

Demo Account | Logout

### HSA Enrollment: Confirmation

Agreements Profile Dependents Eligibility Payments Beneficiaries Summary Confirmation

Additional action is required to activate your account. You will be contacted for further assistance with your identity verification.

Successfully Enrolled in Health Savings Account

Congratulations! You have enrolled in your Health Savings Account. Please print this page for your records.

Home Print

**Questions?**  
Contact MEDSURETY LLC at: (952) 303-5700 or toll free at: (888) 816-4234 or [customerservice@medsurety.com](mailto:customerservice@medsurety.com)

You have completed the registration process and can now access your HSA by clicking on the “Home” button.

If additional information is needed for identity verification, you will be contacted by us or you can give us a call at 1-888-816-4234.

## Step 14: Click on “Home” Button, takes you to the new HSA account

**MEDSURETY** Maximize Your Health Savings

Demo Account | Logout

Home Dashboard Accounts Tools & Support Statements & Notifications Profile

I Want To...  
Manage My Expenses  
Available Balance  
No active plans available.

Message Center 0  
No current messages

Quick View

HSA Contributions by Tax Year

2018  
\$0.00 of \$5,500.00

\*Represents your contributions year to date compared to the maximum amount you can contribute based on IRS guidelines.  
\*Contribution amounts do not include pending contributions or rollovers.

Contact Us - Call MEDSURETY LLC at (952) 303-5700, Toll Free at (888) 816-4234 or Email us at [customerservice@medsurety.com](mailto:customerservice@medsurety.com)

Thank you for opening your Health Savings Account with MEDSURETY!

Make sure to download our app on the AppStore or Google Play to make using your account the most convenient.



18001 Highway 7, Suite 204

Minnetonka, MN 55345

1-888-816-4234