



165 Court Street | Rochester, NY 14647
585 273-7100 | 585 273-7150 fax
www.lifetimebenefitsolutions.com

Dear Employee:

Your employer has selected **Lifetime Benefit Solutions** to administer your Health Savings Account (HSA) plan. The HSA is an individual health account that is owned by you, the employee, and may be used for the payment of medical expenses where you incur an out of pocket expense that is not covered by a High Deductible Health Plan (HDHP), including expenses that go toward satisfying your deductible.

Lifetime Benefit Solutions is a third party administrator headquartered in Syracuse, New York, with an office located in Rochester, New York, and is affiliated with Lifetime Healthcare Companies, the parent company of Excellus BlueCross BlueShield.

We have included in this packet the following items as part of the HSA enrollment and ongoing administration process:

Note: Enrollment Form (pg. 1 - 6) must be completed at the very least and returned to constitute your HSA Enrollment.

- ☐ Enrollment Form (HSA)
- ☐ Additional Debit Card Request Form (HSA)
- ☐ Contribution Form (HSA)
- ☐ Beneficiary Change Spousal Consent Form (HSA)
- ☐ Death Distribution Request Form (HSA)
- ☐ Direct Deposit Form (HSA)
- ☐ Distribution Request Form (HSA)
- ☐ Information Authorization Form (HSA)
- ☐ Information Change Notification (HSA)
- ☐ Power of Attorney (HSA)
- ☐ Power of Attorney Disability Incapacity (HSA)

Sincerely,

Lifetime Benefit Solutions