

EXAMPLE OF INITIAL TASK ORDER REQUEST



TASK ORDER REQUEST

To: Agency Name  
Street Address  
City, State Zip

HealthEquity, Inc.  
Attn: Shared Services/Collections  
4609 Regent Blvd. #100  
Irving, TX 75063

Remit: The Task Order should be submitted by March 15<sup>th</sup>, 2021 to [FSAFEDSBilling@healthequity.com](mailto:FSAFEDSBilling@healthequity.com) and [InternetFSA@opm.gov](mailto:InternetFSA@opm.gov)  
Admin Fee Acct #: 121000248 Routing, 4122286842

Tax ID: 52-2383166  
DUNS: 793506390  
CC: 8L0Q7  
Contract#: 24361820D0002

For Task Order Request inquiries, please contact your HealthEquity AR Representative at (480) 804-2335 or email [FSAFEDSBilling@healthequity.com](mailto:FSAFEDSBilling@healthequity.com).

<b>Account #</b>	<b>Request Date</b>
5555555	02/15/21
<b>PO #</b>	<b>DUE DATE</b>
	03/15/2021
	<b>Terms</b>
	Net 30
	<b>AMOUNT DUE:</b>
	\$29,240.00

Re: **FSAFEDS – 2021 Task Order Request, Due March 15, 2021**  
We are providing you with your agency’s FSAFEDS administrative and reserve account fees for the 2021 calendar year based on open season activity. You will receive your detailed employee reports that supports this request separately. Please submit your fully executed Task Order for the **full calendar year amount** of the administrative fees via email to [FSAFEDSBilling@healthequity.com](mailto:FSAFEDSBilling@healthequity.com) and [InternetFSA@opm.gov](mailto:InternetFSA@opm.gov) **no later than March 15<sup>th</sup>, 2021.**

Description	Participants	Service Months	Rate	Amount
HC FSA Accounts with January Effective Date	1,000	12	2.00	24,000.00
DC FSA Accounts with January Effective Date	200	12	2.00	4,800.00
HC FSA Accounts with February Effective Date	10	11	2.00	220.00
DC FSA Accounts with February Effective Date	10	11	2.00	220.00
<b>Administrative Fee Total</b>	<b>Amount required for Task Order</b>			<b>\$29,240.00</b>
<b>Risk Reserve Total</b>	1,010	12	.25	\$3,030.00

**NOTE:** The Risk Reserve amount should not be included in the Task Order funding. The Risk Reserve portion is based upon the number of Health Care and Limited Expense accounts. Also, the Risk Reserve will be invoiced separately on the same quarterly schedule as the regular invoices.

EXAMPLE OF QUARTERLY INVOICE



**INVOICE**

To: Agency Name  
Street Address  
City, State Zip

HealthEquity, Inc.  
Attn: Shared Services/Collections  
4609 Regent Blvd. #100  
Irving, TX 75063

Remit: Remit: Via Wire or ACH to Wells Fargo, N.A.  
Admin Fee Acct #: 121000248 Routing, 4122286842

Tax ID: 52-2383166  
DUNS: 793506390  
CC: 8L0Q7  
Contract#: 24361820D0002

Please include Customer # and Invoice # in your payment addenda.

For Invoice and Banking information inquiries, please contact your HealthEquity AR Representative at (480) 804-2335 or email [FSAFEDSBilling@healthequity.com](mailto:FSAFEDSBilling@healthequity.com).

<b>Account #</b>	<b>Invoice Date</b>
5555555	04/01/2021
<b>PO #</b>	<b>DUE DATE</b>
1234567890	05/01/2021
<b>Invoice #</b>	<b>Terms</b>
INV1234567	Net 30
<b>AMOUNT DUE:</b>	
<b>\$1,880.00</b>	

Re: FSAFEDS 2021 Quarterly Invoice Payment is due within 30 days of receipt.

Description	Participants	Service Months	Rate	Amount
HC FSA Accounts with January Effective Date	250	3	2.00	1,500.00
DC FSA Accounts with January Effective Date	50	3	2.00	300.00
HC FSA Accounts with February Effective Date	10	2	2.00	40.00
DC FSA Accounts with February Effective Date	10	2	2.00	40.00
<b>Total Amount Due:</b>				<b>\$1,880.00</b>

EXAMPLE OF CATCH-UP TASK ORDER REQUEST FOR NEW ACCOUNTS POST OPEN SEASON



# CATCH-UP TASK ORDER REQUEST

To: Agency Name  
Street Address  
City, State Zip

HealthEquity, Inc.  
Attn: Shared Services/Collections  
4609 Regent Blvd. #100  
Irving, TX 75063

Remit: The Task Order should be submitted by December 1<sup>st</sup>, 2021 to [FSAFEDSBilling@healthequity.com](mailto:FSAFEDSBilling@healthequity.com) and [InternetFSA@opm.gov](mailto:InternetFSA@opm.gov)  
Admin Fee Acct #: 121000248 Routing, 4122286842

Tax ID: 52-2383166  
DUNS: 793506390  
CC: 8L0Q7  
Contract#: 24361820D0002

For Task Order Request inquiries, please contact your HealthEquity AR Representative at (480) 804-2335 or email [FSAFEDSBilling@healthequity.com](mailto:FSAFEDSBilling@healthequity.com).

Account #	Request Date
5555555	11/01/21
PO #	DUE DATE
	12/01/21
Terms	
Net 30	
AMOUNT DUE:	
<b>\$30,950.00</b>	

**Re: FSAFEDS – 2021 Task Order Update Required, Due December 1<sup>st</sup>, 2021**  
We are providing you with your agency’s FSAFEDS administrative and reserve account fees for new accounts established after open season. The original task order must be updated to reflect the additional accounts. You will receive your detailed employee reports that supports this invoice separately. Please submit your fully updated and executed Task Order for the **full calendar year amount** of the administrative fees via email to [FSAFEDSBilling@healthequity.com](mailto:FSAFEDSBilling@healthequity.com) and [InternetFSA@opm.gov](mailto:InternetFSA@opm.gov) **no later than December 1<sup>st</sup>, 2021.**

Description	Participants	Service Months	Rate	Amount
HC FSA Accounts with March Effective Date	50	10	2.00	1,000.00
DC FSA Accounts with March Effective Date	25	10	2.00	500.00
HC FSA Accounts with June Effective Date	10	7	2.00	140.00
DC FSA Accounts with June Effective Date	5	7	2.00	70.00
<b>ORIGINAL Task Order Total</b>				<b>\$29,240.00</b>
<b>CATCH-UP Task Order Total</b>				<b>\$1,710.00</b>
<b>UPDATED Task Order Total</b>				<b>\$30,950.00</b>
Risk Reserve March	50	10	.25	125.00
Risk Reserve June	10	7	.25	17.50
<b>Risk Reserve Total</b>				<b>142.50</b>

**NOTE:** The Risk Reserve amount should not be included in the Task Order funding. The Risk Reserve portion is based upon the number of Health Care and Limited Expense accounts. Also, the Risk Reserve will be invoiced separately on the same quarterly schedule as the regular invoices.

EXAMPLE OF CATCH-UP INVOICE TO BE SENT IN JANUARY 2022



**INVOICE**

HealthEquity, Inc.  
 Attn: Shared Services/Collections  
 4609 Regent Blvd. #100  
 Irving, TX 75063

Tax ID: 52-2383166  
 DUNS: 793506390  
 CC: 8L0Q7

Contract#: 24361820D0002

To: Agency Name  
 Street Address  
 City, State Zip

Remit: Via Wire or ACH to Wells Fargo, N.A.  
 Admin Fee Acct #: 121000248 Routing, 4122286842

Please include Customer # and Invoice # in your payment addenda.

For Invoice and Banking information inquiries, please contact your HealthEquity AR Representative at (480) 804-2335 or email [FSAFEDSBilling@healthequity.com](mailto:FSAFEDSBilling@healthequity.com).

Re: FSAFEDS 2021 Invoice Payment is due within 30 days of receipt.

<b>Account #</b>	<b>Invoice Date</b>
5555555	01/31/2022
<b>PO #</b>	<b>DUE DATE</b>
1234567890	01/31/2022
<b>Invoice #</b>	<b>Terms</b>
INV1234567	Net 30
<b>AMOUNT DUE:</b>	
<b>\$1,710.00</b>	

Description	Participants	Service Months	Rate	Amount
HC FSA Accounts with March Effective Date	50	10	2.00	1,000.00
DC FSA Accounts with March Effective Date	25	10	2.00	500.00
HC FSA Accounts with June Effective Date	10	7	2.00	140.00
DC FSA Accounts with June Effective Date	5	7	2.00	70.00
<b>Administrative Fee Total</b>				<b>\$1,710.00</b>

Total Amount Due:

**\$1,710.00**