

EXAMPLE OF INITIAL TASK ORDER REQUEST



To: Agency Name
Street Address
City, State Zip

TASK ORDER REQUEST

HealthEquity, Inc.
Attn: Shared Services Collections
15 W Scenic Pointe Dr #100
Draper, UT 84020

Tax ID: 52-2383166
UEI # JHYDEGZ72RH3
CC: 8L0Q7
Contract#

Account #	Request Date
5555555	02/15/2026
PO #	DUE DATE
	03/15/2026
	Terms
	Net 30
	AMOUNT DUE:
	\$3,600.00

Re: FSAFEDS – 2025 Task Order Request

Due March 26, 2026

We are providing you with your agency's FSAFEDS administrative and risk reserve account fees for the 2026 calendar year based on open season activity. Please submit your fully executed Task Order for the full calendar year amount of the administrative fees only via email to FSAFEDSBilling@healthequity.com, InternetFSA@opm.gov and FSAFEDSTOTracking@opm.gov, using the subject line of "FSAFEDS Task Order" no later than March 26th, 2026.

Description	Participants	Service Months	Rate	Amount
HC FSA Accounts with January Effective Date	1,000	12	0.25	\$3,000.00
DC FSA Accounts with January Effective Date	200	12	0.25	\$600.00
HC FSA Accounts with February Effective Date	10	11	0.25	\$30.00
DC FSA Accounts with February Effective Date	10	11	0.25	\$30.00
Administrative Fee Total				\$3,600.00
Risk Reserve Total	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 ServicesCollections
15 W Scenic Pointe Dr #100
Draper, UT 84020

Remit:
Via Wire or ACH Credit to Wells Fargo
Admin Fee Acct #: 4122286842 Routing #: 121000248

Tax ID: 52-2383166
UEI # JHYDEGZ72RH3
CC: 8L0Q7
Contract#:

Please include Account # 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

Account #	Invoice Date
5555555	04/01/2026
PO #	DUE DATE
1234567890	05/01/2026
Invoice #	Terms
INV1234567	Net 30
AMOUNT DUE:	
\$240.00	

Description	Participants	Service Months	Rate	Amount
HC FSA Accounts with January Effective Date	250	3	0.25	\$187.50
DC FSA Accounts with January Effective Date	50	3	0.25	\$37.50
HC FSA Accounts with February Effective Date	10	2	0.25	\$7.50
DC FSA Accounts with February Effective Date	10	2	0.25	\$7.50
Total Amount Due:				\$240.00

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
15 W Scenic Pointe Dr #100
Draper, UT 84020

Tax ID: 52-2383166
UEI # JHYDEGZ72RH3
CC: 8L0Q7
Contract#: 24361820D0002

Re: FSAFEDS – 2026 Task Order Request

Due November 12, 2026

We are providing you with your agency's FSAFEDS administrative and risk reserve account fees for new accounts established after open season. The original task order must be updated to reflect the additional accounts. Please submit your fully executed Task Order for the full calendar year amount of the administrative fees only via email to FSAFEDSBilling@healthequity.com, and FSAFEDSTOTracking@opm.gov, using the subject line of "FSAFEDS Task Order" **no later than November 12, 2026**.

Account #	Request Date
55555	10/13/2026
PO #	DUE DATE
11/12/2026	
Terms	
Net 30	
CATCH-UP TASK ORDER AMOUNT	
\$213.75	

ORIGINAL Task Order Total	\$3,600.00
CATCH-UP Task Order Total	\$213.75
UPDATED Task Order Total	\$3,813.75

Description	Participants	Service Months	Rate	Amount
HC FSA Accounts with January Effective Date		12		
DC FSA Accounts with January Effective Date		12		
HC FSA Accounts with February Effective Date		11		
DC FSA Accounts with February Effective Date		11		
HC FSA Accounts with March Effective Date	50	10	\$0.25	\$125.00
DC FSA Accounts with March Effective Date	25	10	\$0.25	\$62.50
HC FSA Accounts with April Effective Date		9		
DC FSA Accounts with April Effective Date		9		
HC FSA Accounts with May Effective Date		8		
DC FSA Accounts with May Effective Date		8		
HC FSA Accounts with June Effective Date	10	7	\$0.25	\$17.50
DC FSA Accounts with June Effective Date	5	7	\$0.25	\$8.75

CATCH-UP TASK ORDER REQUEST

Description	Participants	Service Months	Rate	Amount
HC FSA Accounts with July Effective Date		6		
DC FSA Accounts with July Effective Date		6		
HC FSA Accounts with August Effective Date		5		
DC FSA Accounts with August Effective Date		5		
HC FSA Accounts with September Effective Date		4		
DC FSA Accounts with September Effective Date		4		
HC FSA Accounts with October Effective Date		3		
DC FSA Accounts with October Effective Date		3		
Administrative Fee Total				\$213.75
Risk Reserve Accounts with January Effective Date		12	\$.25	
Risk Reserve Accounts with February Effective Date		11	\$.25	
Risk Reserve Accounts with March Effective Date	50	10	\$.25	\$125.00
Risk Reserve Accounts with April Effective Date		9	\$.25	
Risk Reserve Accounts with May Effective Date		8	\$.25	
Risk Reserve Accounts with June Effective Date	10	7	\$.25	\$17.50
Risk Reserve Accounts with July Effective Date		6	\$.25	
Risk Reserve Accounts with August Effective Date		5	\$.25	
Risk Reserve Accounts with September Effective Date		4	\$.25	
Risk Reserve Accounts with October Effective Date		3	\$.25	
Risk Reserve Total				\$142.50

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. The risk reserve fees will be invoiced separately on the same quarterly schedule as the administrative fees.



INVOICE

To: Agency Name
Street Address
City, State Zip

HealthEquity, Inc.
Attn: Shared Services Collections
15 W Scenic Pointe Dr #100
Draper, UT 84020

Tax ID: 52-2383166
UEI # JHYDEGZ72RH3
CC:8LQ7
Contract#:

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.

Account #	Invoice Date
5555555	01/30/2027
PO #	DUE DATE
1234567890	03/01/2027
Invoice #	Terms
INV1234567	Net 30
AMOUNT DUE:	
\$213.75	

Description	Participants	Service Months	Rate	Amount
HC FSA Accounts with March Effective Date	50	10	0.25	\$125.00
DC FSA Accounts with March Effective Date	25	10	0.25	\$62.50
HC FSA Accounts with June Effective Date	10	7	0.25	\$17.50
DC FSA Accounts with June Effective Date	5	7	0.25	\$8.75
Administrative Fee Total				\$213.75

Total Amount Due: **\$213.75**