

August 7, 2008



Account: ending in

Dear :

The purpose of this letter is to inform you that you have outstanding health related debit card transactions for which Internal Revenue Service (IRS)-required substantiation has not been provided. Those transactions are listed below for your reference:

Transaction Date	Amount	Merchant	Transaction Id
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Substantiation is required by the IRS for most health care account transactions to provide proof that an expense qualifies as "medical care" as defined by the IRS and your plan. You will need to submit documentation such as an invoice or receipt that includes:

- Name of the person incurring the expense
- Date of service
- Type of service
- Amount charged
- Medical nature of the expense

In order to substantiate your outstanding transactions, please log in to your account by visiting our website at [bankofamerica.com/benefitslogin](http://bankofamerica.com/benefitslogin) and follow these steps:

- Click on **Account Activity** tab.
  - Insert the **start date** at the bottom of the page to be the beginning of your plan year and insert today's date as the **end date**. This date range will display all of your current unsubstantiated transactions.
  - Select **Receipts Required** to access the **Debit Card Receipt and Substantiation Form** for each unsubstantiated transaction.
- Review the information on the form and follow the instructions provided.  
Please note that you will need to submit a separate form and documentation for each of your unsubstantiated transactions.

You must submit the required documentation within 60 days of the date of this letter. Failure to

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P.O. Box 69338, Harrisburg, PA 17106-9338

provide the IRS-required substantiation will result in termination of your debit card privileges. In addition, if you fail to provide the IRS-required substantiation (or you do not have the required substantiation), you will be required to repay the plan for the unsubstantiated transaction. Repayment instructions are as follows:

- **Request a Return Funds Form** found by logging in to your account at [bankofamerica.com/benefitslogin](http://bankofamerica.com/benefitslogin), and print the form from the Account Activity page.
- Send your repayment along with the completed **Return Funds Form** to:  
Bank of America  
P.O. Box 69338  
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Failure to repay may result in additional corrective action by your employer, such as withholding the unpaid amount from your next pay cycle or imputing the unpaid amount in your income as taxable compensation.

If you have questions about your unsubstantiated transactions or require assistance with the options provided above, you may contact customer service at the phone number referenced on the back of your debit card. Our customer service representatives will be happy to assist you.

Sincerely,

Customer Service  
Bank of America Benefit Solutions

Bank of America, N.A.