

**AppleJack Distillers  
Employer Funding Notification**

3/11/2018 - 3/11/2018

**SUMMARY**

**SUMMARY BY TRANSACTION TYPES**

Payroll Deductions	\$1,200.00
Employer Contributions	\$300.00
<b>Total by Transaction Types</b>	<b>\$1,500.00</b>

**SUMMARY BY PLAN**

<b>HSA</b>	
HSA	\$1,500.00
<b>HSA Total</b>	<b>\$1,500.00</b>

<b>Total by Plan</b>	<b>\$1,500.00</b>
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The amount of \$1,500.00 will be debited from account number xxxx2396 on 3/13/2018.

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**TRANSACTION DETAILS**

**Payroll Deductions**

Identifier	Last Name	First Name	Plan	Plan Year	Division	Amount	Contribution Date	Payment Number	Effective Date	Status
444556666	Sykes	Xanthus	HSA	HSA	ALL	\$400.00	1/1/2018	1870FCA28DF3	3/13/2018	Processed
444556666	Sykes	Xanthus	HSA	HSA	ALL	\$400.00	2/1/2018	1870FCA28DF3	3/13/2018	Processed
444556666	Sykes	Xanthus	HSA	HSA	ALL	\$400.00	3/1/2018	1870FCA28DF3	3/13/2018	Processed
<b>TOTAL</b>						<b>\$1,200.00</b>				

**Employer Contributions**

Identifier	Last Name	First Name	Plan	Plan Year	Division	Amount	Contribution Date	Payment Number	Effective Date	Status
444556666	Sykes	Xanthus	HSA	HSA	ALL	\$100.00	1/1/2018	187045C52485	3/13/2018	Processed
444556666	Sykes	Xanthus	HSA	HSA	ALL	\$100.00	2/1/2018	187045C52485	3/13/2018	Processed
444556666	Sykes	Xanthus	HSA	HSA	ALL	\$100.00	3/1/2018	187045C52485	3/13/2018	Processed
<b>TOTAL</b>						<b>\$300.00</b>				

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3/11/2018 - 3/11/2018

<b>Key</b>	
<b>Source Code</b>	
CR	Claim Reimbursement
DC	Debit Card
DCF	Debit Card Fee
(DCF)	Cancelled Debit Card Fee
EC	Employer Contribution
PC	Participant Contribution
RP	Repayment
OT	Other
<b>Method</b>	
DD	Direct Deposit
DC	Debit Card
PEFT	Provider EFT
PCK	Provider Check
EFT	Electronic Funds Transfer
CK	Check
MC	Manual Check
MW	Manual Wire Transfer