

2022 Corporate Social Responsibility Report

Sustainably Purple



Contents

| | | | |
|--|----|--|----|
| A Message from Our Leadership | 3 | COVID-19 Response | 21 |
| Our Purpose | 4 | Extending support to our members and clients | 22 |
| Who We Serve | 5 | Employment and Team Member Benefits | 23 |
| Who We Are | 5 | Non-discrimination | 25 |
| Words to Know at HealthEquity | 5 | Greenhouse Gas (GHG) Emissions | 26 |
| What We Provide: Our Products and Their Impact | 6 | Staying Purple | 28 |
| The Importance of ESG Reporting at HealthEquity | 8 | Awards and Recognitions | 28 |
| Statement on Materiality | 9 | Appendix I | 29 |
| Customer Privacy & Data Security | 11 | GRI index | 29 |
| Anti-corruption | 12 | SASB index | 32 |
| Diversity and Equal Opportunity | 13 | | |
| HealthEquity is committed to continuous improvement | 15 | | |
| Growth includes prioritizing diversity and equal opportunity | 17 | | |
| Our commitment to diversity extends to suppliers | 18 | | |
| The Total Rewards Program helps support pay equity | 19 | | |
| Team member engagement is our loadstar | 20 | | |



A Message from Our Leadership

A year has passed since HealthEquity released the 2021 edition of *Sustainably Purple*, our inaugural corporate social responsibility (CSR) report.

We remain tremendously proud of the report and the collective heart and sweat that went into sharing our approach to the most pressing environmental, social, and governance (ESG) issues of our time.

Just as we work to connect health and wealth for millions of American families, we have worked to improve this CSR report for 2022, delivering a concise look at the subjects our stakeholders value most.

So you'll notice a few changes to this year's edition of *Sustainably Purple*. The most significant of these is the use of the Global Reporting Initiative (GRI) and Sustainability Accounting Standards Board (SASB) industry frameworks. In writing this report, we have closely followed these frameworks and are reporting with reference to them in the main body and in the appendices that follow. Our hope is that you, the reader, will be able to find the information you're looking for easily in a format you're familiar with. For more on this year's approach to *Sustainably Purple*, check out the Statement on Materiality on page 9.

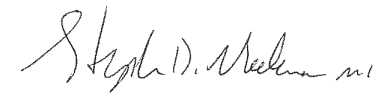
The use of these frameworks need not mean the loss of authenticity. In this iteration, you will still find the unmistakable voice of Team Purple. You will still feel the mission, vision, and values that drive us, from our fierce commitment to client and member privacy to the working environment our team members create for each other. You'll still see our real faces instead of stock photography. And you'll see us step outside of the GRI and SASB frameworks too, for example, to report on how HealthEquity has responded to the COVID-19 pandemic.

We hope you'll agree that presenting the report as we have provides a strong baseline measurement of performance in our corporate sustainability efforts. From here, we feel confident that we can move ahead setting detailed and robust goals and tracking progress transparently.

Please enjoy this year's edition of *Sustainably Purple*. And, as ever, we welcome your feedback and ideas for improvement.



Jon Kessler
President, Chief Executive Officer,
and Director



Stephen D. Neeleman, M.D.
Founder, Vice Chairman,
and Director



Our Purpose

HealthEquity was founded with a clear social purpose, defined through our mission, vision, and values.



Mission

HealthEquity is on a mission to help working American families connect health and wealth. When individuals and employers access Health Savings Accounts (HSAs) and other consumer-directed benefit (CDB) accounts through HealthEquity, they spend less on medical expenses today while building tax-advantaged savings for healthcare costs in retirement.



Vision

Our vision is that HSAs will be as widespread and popular in family financial planning by 2030 as 401(k)s and Individual Retirement Accounts (IRAs) are today. We measure our progress towards this vision by growth in the number of HSAs and HSA assets among our members and across the market.



Values

HealthEquity values guide how we pursue our mission and vision—and they're rooted in the importance of the Purple service we provide to our members, clients, partners, and each other.

- Build meaningful relationships
- Pursue excellence with passion
- Scale the magic
- Do the right thing
- Make a difference



Who We Are

Locations

- Draper, UT
- Irving, TX
- Remote



3,700+

team members across 46 states, including new team members from the recently acquired companies of WageWorks, Luum, and Further

Who We Serve



7.2 million
HSA members



14.4 million
total accounts



120,000
clients



185
network partners



10,000
benefit advisors

Words to Know at HealthEquity

Purple: Code for being remarkable; for under-promising and over-delivering; for exceeding the expectations of our team members, members, clients, partners, and investors. Being purple is the heart and soul of our company.

Team members: Some organizations refer to their folks as employees, but we do it differently both at HealthEquity and in this report.

Clients: We refer to our customers that are groups or organizations as clients.

Members: HealthEquity customers who are individuals are called members.

Operations partners: We call the suppliers, vendors, and service partners we work with operations partners.



One partner.
Total solution.

Only HealthEquity delivers the integrated solutions you need to simplify benefits and truly impact people's lives.

What We Provide: Our Products and Their Impact

HealthEquity delivers integrated solutions that simplify benefits and impact people's lives. The social impact of what we do is evident across all our product offerings, our client and member education, our member engagement packages, and our industry advocacy.

We lead with our lineup of benefits products that help connect health and wealth. When incorporated into employee benefit offerings, these services have tremendous influence for social good.



Health Savings Accounts (HSAs)

lead our portfolio of services, helping people save and pay for qualified healthcare needs, on a pre-tax basis.



Dependent Care Flexible Spending Accounts (DCFSA)

provide social assistance outside of healthcare, allowing people to use pre-tax money from their paycheck on pro-social expenses for dependents.



Flexible Spending Accounts (FSAs)

help people save money by setting aside pre-tax money for eligible medical expenses.



Wellbeing services help organizations support general physical and mental health for their employees.



COBRA administration from HealthEquity supports organizations and individuals during some of their most challenging times.



Employee Care and Disaster Relief Accounts

allow employers to provide funds for qualified disaster-related expenses like family and medical care, home office technology, Internet fees, groceries, and other expenses with tax-advantaged funds.



Health Reimbursement Arrangements (HRAs)

provide organizations with yet another avenue to contribute tax-advantaged funds to their employees' healthcare needs.



Commuter encourages working Americans to use more public transportation and car pool, thus reducing not only traffic and fuel consumption, but also greenhouse gases from single-passenger vehicles.

Our benefits solutions are backed by investment in member education. By meeting current and potential members where they live and work, showing them opportunities to save or spend wisely, and making it simple to take action, we create more good by empowering our members to make positive choices.

We connect with our members at critical junctures like open enrollment or the start of a plan year through proven outreach activities, like email campaigns and on-demand webinars. HealthEquity Advisors, LLC (a wholly owned subsidiary of HealthEquity, Inc. and an investment adviser registered with the SEC) continues to provide member-level advisory services. Working with HealthEquity Advisors, members can choose and diversify their HSA investments across a breadth of mutual funds, including an ESG mutual fund that allows members to make a socially conscious investment decision and indirectly invest in companies committed to sustainability that are held by that fund.

Members also have access to our 24/7/365 Purple service, allowing them to ask questions, get helpful answers, and feel confident in how they are using their accounts.

We also work to further the impact of our products and services through responsible industry advocacy. The HealthEquity Advocacy and Government Affairs (AGA) department is committed to educating, developing, and deepening relationships within key offices of the government, including both the House and Senate leadership, the health and tax-writing staff, committees of jurisdiction, and revenue estimators with a goal of becoming a trusted resource for information about healthcare and benefits. Through our AGA's efforts, we provide data related to HSAs, FSAs, HRAs, COBRA, commuter, and other benefits by congressional district to help educate and advise on issues that impact our services.

The AGA monitors legislation and regulatory issues and provides regular webinars and timely updates that have helped preserve and protect the tax-favored status of these consumer benefit services, expand flexibility for their use, increase awareness, and educate regulators on technical nuances.

HealthEquity's AGA has garnered a reputation in Washington, D.C. with both parties and in both houses of Congress as an honest and reliable source of information concerning these benefits. HealthEquity does not regularly make political contributions and made no political contributions in fiscal year 2022. For insight into some of the AGA's recent achievements, see "Extending Support to our Members and Clients" on page 22.



The Importance of ESG Reporting at HealthEquity

At HealthEquity, our mission, vision, and values are alive in every aspect of our organization. We're eager to share our story, and to do so in a way that offers significant transparency regarding aspects of sustainability that affect us all.

We do this by compiling an annual CSR report focusing on ESG topics. We produce Sustainably Purple to demonstrate to all our stakeholders that we take corporate sustainability seriously.

The ESG issues highlighted in this report are not just marginal concerns we address once a year. They're at the center of our business, affecting how HealthEquity balances risks and opportunities to deliver on our mission and live up to our values.

Our commitment to positive social outcomes helps us see how we can build and fine-tune benefits solutions that make a difference. Strong leadership and good governance guide us there soundly. Our efforts at reducing carbon emissions keep us focused on the wider global community. And we know that when our team members have a positive, healthy workplace, our efforts in all these areas are magnified.

ESG reporting helps us assess our performance as a corporate citizen, but it also opens the door to important feedback from a broad range of groups, including clients and members, team members, operations partners, regulators, policy makers, investors, and our communities. By leveraging recognized ESG reporting frameworks like the GRI and SASB, we can make sure this information is disclosed thoughtfully and concisely.



Statement on Materiality

To ensure that the 2022 HealthEquity CSR report is tailored to the most significant topics facing the organization, we have partnered with an independent third party to develop a materiality assessment. This assessment was conducted through three stages of work: peer benchmarking, stakeholder engagement, and impact assessment.

The initial list of material topics was developed via an industry benchmarking assessment, which evaluated 15 industry peers on a comprehensive set of metrics, drawn from the relevant GRI and SASB industry standards. This assessment identified more than 30 indicators commonly reported by peer companies of HealthEquity. These indicators were grouped into 16 material categories under three GRI pillars:

- Economic and governance
- Environmental
- Social

This analysis served as the basis for collected stakeholder feedback and evaluating the potential impacts of these topics.

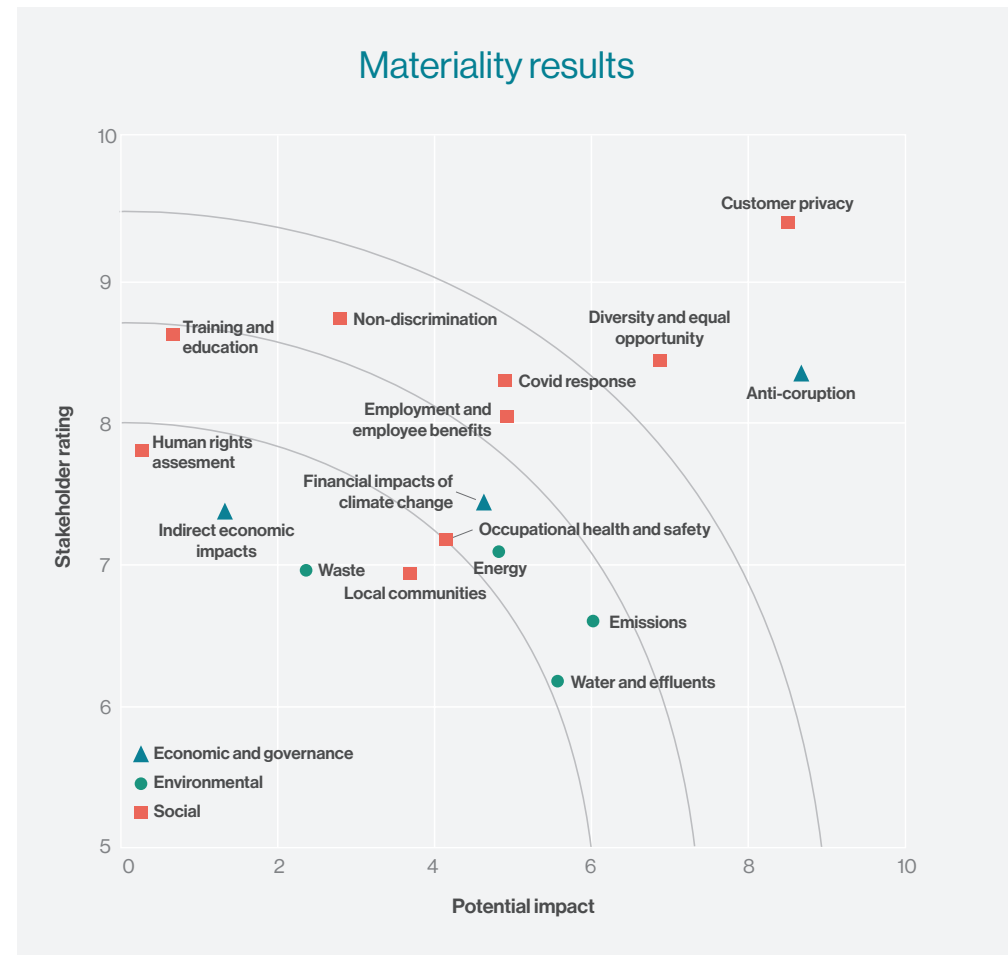
To glean insight from stakeholders, the third party engaged with customers, operations partners, HealthEquity board members, team members, investors, and NGOs. The third-party evaluator conducted an online survey for more than 150 internal and external stakeholders, as well as interviews with several HealthEquity board members to gain insight on strategic ESG priorities. The online survey allowed for quantitative scoring of the candidate material topics to identify stakeholders' top priorities.

Interviews with HealthEquity board members supplemented the survey findings to provide additional context and insight into priority topics and the strategic focus areas most important for HealthEquity. Interviews included discussion of key risks, challenges, and opportunities related to ESG.

Finally, the third party evaluated the magnitude of the potential HealthEquity impact on ESG areas, using its in-house assessment tool that uses metrics from national and international databases to indicate the potential impact of HealthEquity on social, economic, and environmental topics. Material topics were assessed using an industry- and geography-based perspective, considering the relative impact of HealthEquity as a U.S.-based company on the financial services sector compared to results for other industries and countries.

The materiality assessment provided by the third party combines the results of the stakeholder feedback and impact assessment to determine top priorities for strategic planning at HealthEquity. These topics were deemed both important to stakeholders and those where HealthEquity has a high potential impact on the environment and/or society.

The following illustration shows the combined results and highlights the top material categories that emerged for HealthEquity from the analysis.















Overall, three material topics fall into the highest priority level for stakeholder and/or potential impact:

- Customer privacy
- Diversity and equal opportunity
- Anti-corruption

An additional three material topics fall into the second priority tier:

- COVID-19 response
- Non-discrimination
- Employment and employee benefits

The following table shows these priority categories and their alignment to the GRI disclosure topics, SASB metrics, and the United Nations Sustainable Development Goals (SDGs).

| Material categories | | | | | |
|------------------------------------|-----------------------|-------------------------|--|---|--|
| Strategic Category | ESG Pillar | GRI Disclosure(s) | SASB Metric(s) | | SDGs ¹ |
| Customer Privacy and Data Security | Social | 418-1 | TC-SI-220a.1 TC-SI-230a.1 TC-SI-230a.2 |  | 16 – Peace, Justice and Strong Institutions |
| Anti-Corruption | Economic & Governance | 205-1 205-2 | |  | 16 – Peace, Justice and Strong Institutions |
| Diversity and Equal Opportunity | Social | 405-1 405-2 | TC-SI-330a.1 TC-SI-330a.2 TC-SI-330a.3 |    | 5 – Gender Equality 8 – Decent Work and Economic Growth 10 – Reduced Inequalities |
| Covid Response | Social | n/a | n/a |  | 3 – Good Health and Wellbeing |
| Employment and Employee Benefits | Social | 401-1 401-2 401-3 | |     | 3 – Good Health and Wellbeing 5 – Gender Equality 8 – Decent Work and Economic Growth 10 – Reduced Inequalities |
| Non-discrimination | Social | 406-1 | |   | 5 – Gender Equality 8 – Decent Work and Economic Growth |

¹ Based on GRI's Linking the SDGs and GRI Standards, March 2020

For purposes of this report, HealthEquity has decided to use these six material topics to inform stakeholders of our targeted strategies to satisfy stakeholder requests, improve reporting transparency, and enhance ESG performance, with reference to GRI standards. Additionally, HealthEquity has decided to disclose information on our greenhouse gas emissions, inventoried with the assistance of the same third party used to conduct the materiality assessment. You will also find details on how HealthEquity operates in each of these areas that will specifically answer the disclosures requested by the GRI and SASB frameworks. All relevant data is as of January 31, 2022, i.e., the end of our fiscal year, unless otherwise noted.

Customer Privacy & Data Security

Safeguarding the data of our clients and members and respecting client and member privacy is essential to long-term success at HealthEquity. With emphasis in both our impact assessment and our company stakeholder survey, these issues were identified as the most critical to achieving sustainability at HealthEquity.

That importance is reflected in the investments we've made in consumer transparency, building our privacy program, and maturing a security organization.

Our commitment to security starts even before organizations and individuals become clients and members. Our Marketing team practices care in how we reach potential clients and has not engaged in behavioral advertising.

We maintain administrative, technical, and physical safeguards designed to protect confidential data. Our security operations identify security risks by working with state and federal law enforcement, security information-sharing organizations, and 24/7/365 system surveillance through internal and external detection and response teams.

To ensure our approach to privacy and security is in line with industry standards, HealthEquity follows risk management standards established by the Statement on Standards for Attestation Engagements 18 (SSAE-18) and Service and Organization Controls (SOC 1 and 2) reporting.

We investigate all reported security and privacy incidents, and we seek to comply with all applicable federal and state laws.



Anti-corruption

At HealthEquity we work diligently to prevent, detect, and correct any instances of corrupt behavior. From a governance perspective, we maintain multiple policies to prevent and respond to allegations of corrupt behavior, including the HealthEquity:

- Code of Business Conduct and Ethics
- People Handbook
- Anti-Corruption Policy
- Lobbying Policy

These policies are communicated to team members via our People Handbook. Importantly, all team members—regardless of level, role, or location—are required to acknowledge that they have received and read the HealthEquity Code of Business Conduct and Ethics (Code); this is done at the time of hire and on an annual basis as part of the company’s annual compliance training (which itself addresses corruption as a topic). The Code is owned by the Board of Directors (Board); the Board reviews and approves this document every year. In addition to the Code, HealthEquity requires team members to acknowledge the People Handbook and the following policies at the time of hire and on an annual basis:

- Anti-Corruption Policy
- Insider Trading Policy
- Anti-Money Laundering Policy
- Regulation FD Policy
- Information Security Policy
- Privacy Policy
- Acceptable Use Policy

Note: Our operations partners, i.e., vendors are not required to acknowledge HealthEquity policies, but they provide information on ethics/integrity as part of our procurement process.

In addition, we proactively identify, assess, and mitigate all risks to the company on an ongoing basis via our Enterprise Risk Management Team. In this regard, we work with responsible parties to identify, assess, and mitigate any corruption-related risks.

Relatedly, our Compliance Team:

- Conducts periodic compliance reviews on multiple compliance topics, including corruption
- Investigates allegations of corrupt behavior in coordination with the General Counsel
- Recommends corrective action where necessary (including the introduction or improvement of specific controls and/or disciplinary action)

And our Internal Audit Team:

- Audits the adequacy and efficacy of governance, risk management, and control processes
- Investigates known or suspected acts of fraud involving HealthEquity funds, property, or team members in coordination with the General Counsel

These activities help us maintain our strong Driving Excellence in Ethics and Process (DEEP) Purple culture of ethical, compliant behavior.



Diversity and Equal Opportunity

At HealthEquity, we recognize the diversity of our team members as a powerful strength and strive to create a workplace where inclusion and equal opportunity flourish. We believe diversity in the workplace can lead to more innovative ideas and foster a more productive work environment. This is a matter of good global citizenship as well as good business.

We know that when workplaces are diverse, inclusive, and equitable, team members feel happier and more fulfilled. Reaching that outcome for everyone is a matter of significant importance in our quest for sustainability at HealthEquity. As such, we're committed to being transparent about our current performance in these areas.

Diversity drives innovation and sustainability

Our commitment to diversity and equal opportunity starts at the top. We ask our Board and team members to share demographic information on an annual basis to assess our progress as we focus on diversity and inclusion.

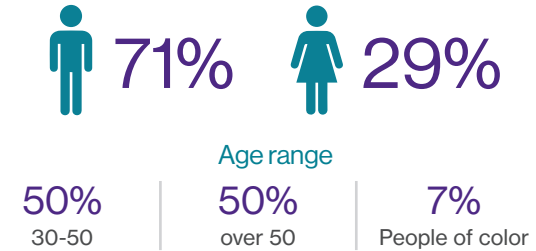
Based on information gathered during this process, the makeup of the HealthEquity board during the reporting period included:

HealthEquity Board - 10 Members

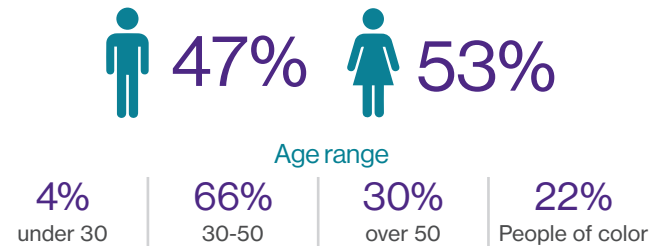


With this demographic makeup, HealthEquity is in compliance with Nasdaq's Rule 5605(f), requiring each Nasdaq-listed company to have (or explain why it does not have) at least two diverse board members, including at least one director who self-identifies as female and at least one director who self-identifies as an underrepresented minority or LGBTQ+.

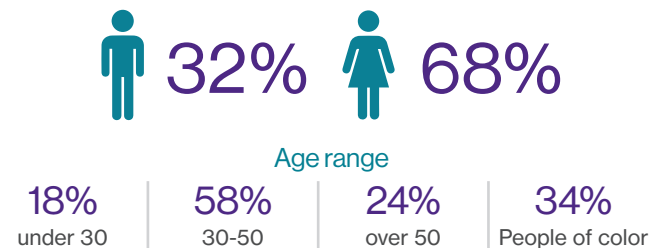
Executive leadership team



People leaders



Team members



Zero percent of HealthEquity team members were foreign nationals (HealthEquity employed 10 foreign nationals during the reporting period, but the number still rounds to a zero percentage) and zero percent were located outside the United States.

Each year, HealthEquity reports this and other demographic information in compliance with Equal Employment Opportunity Commission (EEOC) regulations. The following is a representation of 2020 data sent to the EEOC.

| 2020 | | | | | | | | | | | | | | | |
|----------------------------|--------------------|------------|------------------------|---------------------------|-------------------------------------|-----------|----------------------------------|-------------------|------------|---------------------------|-------------------------------------|-----------|----------------------------------|-------------------|----------------|
| Job categories | Hispanic or Latino | | Non-Hispanic or Latino | | | | | | | | | | | | Overall Totals |
| | | | Male | | | | | | Female | | | | | | |
| | Male | Female | White | Black or African American | Native Hawaiian or Pacific Islander | Asian | American Indian or Alaska Native | Two or more races | White | Black or African American | Native Hawaiian or Pacific Islander | Asian | American Indian or Alaska Native | Two or more races | |
| HealthEquity | | | | | | | | | | | | | | | |
| Exec/Sr. Officials & Mgrs | 2 | 0 | 55 | 3 | 0 | 1 | 1 | 1 | 24 | 0 | 0 | 0 | 1 | 0 | 88 |
| First/Mid Officials & Mgrs | 9 | 12 | 133 | 1 | 0 | 3 | 0 | 3 | 123 | 1 | 1 | 7 | 0 | 3 | 296 |
| Professionals | 8 | 6 | 192 | 1 | 2 | 6 | 1 | 2 | 82 | 0 | 0 | 6 | 0 | 3 | 309 |
| Technicians | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Sales Workers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Administrative Support | 21 | 53 | 138 | 4 | 3 | 1 | 1 | 3 | 434 | 8 | 5 | 3 | 3 | 14 | 691 |
| Craft Workers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Operations | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Laborers & Helpers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Service Workers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 40 | 71 | 518 | 9 | 5 | 11 | 3 | 9 | 663 | 9 | 6 | 16 | 4 | 20 | 1384 |
| Previous Year Total | 39 | 62 | 501 | 6 | 3 | 11 | 3 | 12 | 615 | 4 | 7 | 15 | 3 | 18 | 1299 |
| WageWorks | | | | | | | | | | | | | | | |
| Exec/Sr. Officials & Mgrs | 0 | 1 | 6 | 0 | 0 | 0 | 0 | 0 | 8 | 1 | 0 | 0 | 0 | 2 | 18 |
| First/Mid Officials & Mgrs | 8 | 13 | 60 | 9 | 1 | 8 | 0 | 2 | 83 | 22 | 2 | 13 | 0 | 4 | 225 |
| Professionals | 21 | 39 | 182 | 35 | 2 | 42 | 0 | 8 | 203 | 80 | 0 | 44 | 1 | 10 | 667 |
| Technicals | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Sales Workers | 0 | 1 | 4 | 1 | 0 | 0 | 0 | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 10 |
| Administrative Support | 33 | 97 | 92 | 74 | 0 | 8 | 2 | 4 | 287 | 344 | 4 | 11 | 7 | 29 | 992 |
| Craft Workers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Operations | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Laborers & Helpers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Service Workers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 62 | 151 | 345 | 119 | 3 | 58 | 2 | 14 | 585 | 447 | 6 | 68 | 8 | 45 | 1913 |
| Previous Year Total | 79 | 164 | 411 | 155 | 3 | 72 | 4 | 26 | 679 | 517 | 7 | 83 | 14 | 60 | 2274 |

We also collect benchmark data on our company demographics through an annual survey to measure our progress and focus on diversity and inclusion.

HealthEquity is committed to continuous improvement

HealthEquity recognizes the need for and strives to create continuous improvement. To that end, we establish core values, key working groups, detailed policies, and clear future goals.

At HealthEquity, Created Equal is our diversity, equity, and inclusion (“DE&I”) initiative. Created Equal is focused on rooting DE&I into all aspects of our Purple culture. Created Equal members are committed to supporting process development that will allow all team members equal opportunity.

Created Equal identifies opportunities, guides solutions, and holds the company accountable in the integration of DE&I practices. Diversity encompasses the unique characteristics, perspectives, skills, and talents of all HealthEquity team members. At the heart of our Created Equal efforts are the Created Equal Council and the Connections program.



Created Equal

Created Equal Council. All team members play an important role in DE&I initiatives. However, the Created Equal Council is charged with researching, developing, and proposing mechanisms that will help create a supportive, positive, and inclusive work environment for all team members. The group of cross-functional team members has representation from key stakeholder teams: Legal, People, and Talent. The Council works to integrate best DE&I practices into the policies, procedures, culture, and programs at HealthEquity. The Created Equal Council serves as an advisory body and provides research, recommendations, engagement support, and policy guidance to the company.

CONNECTIONS A CREATED EQUAL PROGRAM

Connections. Launched in 2021, Connections is a Created Equal program made up of self-directed, team member-led affinity groups that strategically partner with the Created Equal Council. Connections works to advance the understanding and inclusion of team members with a common background, set of interests, and/or goals. Some of these groups include:



Elevate. Elevate works to empower women to elevate their life and career through connection, education, and inspiration. Elevate hosts gatherings for all team members to address relevant topics and assist women in advancing their careers and building their networks.



African American and Black Connections (AABC). The mission of the AABC is to build and maintain a community together by listening, educating, networking, and advocating for team members. AABC addresses relevant issues in the workplace and society while assisting team members in advancing their careers and building networks.



Pride+. Pride+ strives to increase awareness and opportunity for members and allies of the LGBTQ+ community. Pride+ provides a supportive environment for LGBTQ+ team members and a welcoming environment for allies.



To fulfill its commitments on diversity and inclusion, HealthEquity continues to operate according to the HealthEquity Policy Against Unlawful Harassment and Discrimination:

"The Company is committed to providing a work environment that is free of unlawful harassment, discrimination, and retaliation. In furtherance of this commitment, the Company strictly prohibits all forms of unlawful discrimination and harassment, including discrimination or harassment on the basis of race, religion, color, sex (including pregnancy, childbirth, breastfeeding, and related medical conditions), sexual orientation, gender identity, gender expression, national origin, ancestry, citizenship status, uniform service member or veteran status, age (40 and older), genetic information, disability (physical or mental), or any other category protected by applicable state or federal law ... The Company's policy against unlawful harassment, discrimination, and retaliation applies to all team members, including leaders. It also applies to all customers, service delivery partners, vendors (partner), and independent contractors... Company prohibits leaders and team members from unlawfully harassing subordinates or coworkers as well as Customers and Contractors. Any such harassment will subject a team member to disciplinary action, up to and including immediate termination. The Company likewise prohibits its Customers and Contractors from harassing our team members."

Growth includes prioritizing diversity and equal opportunity

As HealthEquity grows, our Talent Partner team and others include diversity and inclusion as a key part of the recruiting and hiring process.

The HealthEquity Talent Partner team continues to develop relationships with diverse organizations to network, create awareness of HealthEquity, and share job postings. This team is focused on the following areas:

- Gender
- Race and ethnicity
- Veteran and active-duty military status
- LGBTQ+

In addition to creating positive outreach in recruitment and hiring, HealthEquity is taking steps to uncover and eliminate negative factors like bias. Each member of the Talent Partner team has successfully completed the “Diversity, Inclusion and Belonging for All” course from LinkedIn, as well as the Harvard Implicit Bias Test focused on race, disability, and gender.

Additionally, the team is utilizing gender decoding software to improve the recruiting process. Research shows that many words are associated with masculine or feminine stereotypes, unconsciously influencing the jobs for which people apply. Our gender decoding software, coupled with our commitment to a 60/40 ratio of words used in our job descriptions, helps HealthEquity attract a diverse talent pool.

At HealthEquity, we retain our focus on diversity and equal opportunity across all departments and hierarchies. HealthEquity has agreed to interview at least one qualified female candidate for every role Director-level and above, as well as at least one qualified person of color for every role vice president and above. This is also known as the Parity Pledge. The HealthEquity People team makes an effort to review the Parity Pledge with leaders on a regular basis, discussing the importance of diversity, inclusion, and belonging and setting the right expectations regarding hiring processes. In line with its Policy Against Unlawful Harassment and Discrimination, HealthEquity makes clear that hiring and other employment decisions should be made based on qualifications, not based on candidates' gender or other protected class status.

HealthEquity plans to continue building on our accomplishments in talent acquisition, with several goals for the future, including:

- Partnering with our Learning and Development and Legal teams to create an interview training certification for anyone who interviews job candidates at HealthEquity. The training will focus on interview techniques, asking the right questions from a legal perspective, making hiring decisions based on the requirements of the job and candidate qualifications, and removing unconscious bias.
- Creating hiring committees within each department at HealthEquity (e.g., Product, Marketing, Tech, etc.). All team members who participate in interviewing job candidates will have had to complete the interview training certification.
- Producing a series with the Talent Partner and Talent Ops teams on how to write resumes, create a social media presence, and prepare for interviews. We have begun compiling a library of resources to reach this goal.
- Building the foundation of a strong internship and campus recruiting program.



Our commitment to diversity extends to suppliers

Growing with an eye toward diversity and inclusion also encompasses choosing operations partners that reflect our values.

The HealthEquity Purchasing Policy confirms that HealthEquity is “committed to providing partnership opportunities to qualified U.S.-based diverse Operations Partners” and “recognizes that purchasing products and services from businesses that reflect the demographics of our customers helps contribute to communities, customers, and HealthEquity.”

The Operations Partner Diversity Program explains how HealthEquity fulfills this commitment by facilitating opportunities for socially and/or economically disadvantaged businesses to collaborate with HealthEquity as an operations partner.

HealthEquity currently partners with 238 diverse companies (defined as an enterprise in which 51 percent or more of the ownership is of a designated diverse background*), which accounts for 13 percent of our operations partner population. We are focused on increasing the number of partnerships we have with diverse companies. Some steps we have taken include:

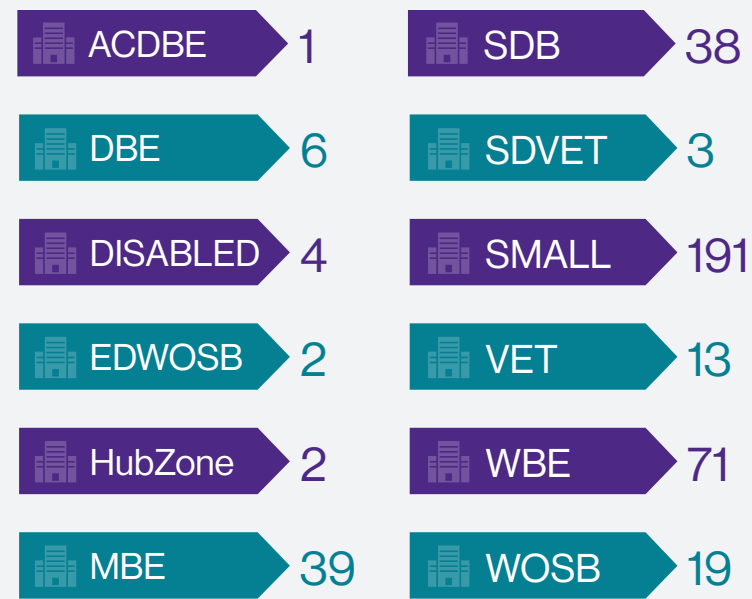
- Implementing the Operations Partner Diversity Program
- Providing training to team members that make purchasing-related decisions
- Attending conferences, expos, and webinars focused on diverse companies

The HealthEquity Procurement team also partners with business owners to identify potential new diverse operations partners or partners that we currently work with that are classified as diverse. We ask that business owners include diverse companies in requests for proposal (RFPs) whenever possible.

*Designated diverse backgrounds include Airport Concessions Disadvantaged Business Enterprise (ACDBE), Disadvantaged Business Enterprise (owned and controlled by socially and economically disadvantaged individuals) (DBE), Business managed and controlled by a person with a disability (DISABLED), Economically Disadvantaged Women-Owned Small Business (EDWOSB), Historically Underutilized Business Zone program participant (HubZone), Minority-Owned Business Enterprise (MBE), Small Disadvantaged Business (SDB), Service Disabled Veteran-Owned Business (SDVET), Small business (dependent upon industry, annual sales, and number of employees) (SMALL), Veteran-owned business (VET), Woman-Owned Business Enterprise (WBE), Woman Owned Small Business (WOSB)



HealthEquity monitors the total number of diverse companies we partner with, along with our spend, which is then reported to our Executive team and other company leaders monthly.



The Total Rewards Program helps support pay equity

Another key issue in maintaining diversity and equal opportunity is pay equity.

In general, HealthEquity strives to provide a consistent and fair remuneration strategy through our Total Rewards package. The building blocks that make up the package include:

- Base salary
- Incentive/bonus pay
- Equity
- 401(k) with company matching
- Health benefits

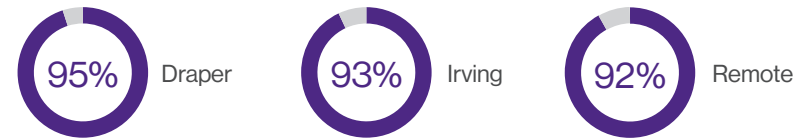
Our Total Rewards philosophy is intended to promote fairness and simplicity so that all team members and people leaders understand the goals and the outcomes. HealthEquity strives to administer the Total Rewards package in a manner that is applied consistently, equitably, and free of discrimination as follows:

- Maintaining competitive pay by reviewing market data annually
- Rewarding team members based on their abilities, competencies, experience, and performance levels
- Effectively communicating our Total Rewards policies and practices
- Complying with all applicable federal, state, and local laws and requirements

All positions at HealthEquity are assigned a job and an associated pay grade. That pay grade is determined using a formal job evaluation methodology based on a job's purpose and key accountabilities described in the job description. These components are the same for all positions across HealthEquity, regardless of level.

This tight methodology helps guide us as we strive to give equal pay for equal work.

A more specific look at pay equity means comparing average remuneration among women and men. Among all HealthEquity team members, women currently earn 94% of what men earn. Broken down by location, those percentages are (average women's pay over average men's pay):



HealthEquity also considers pay equity by role (average women's pay over average men's pay):



HealthEquity

Connecting health and wealth



Team member engagement is our loadstar

HealthEquity also considers team member engagement to be an important metric of organizational health. We seek team member feedback, track team member engagement, and measure our team member Net Promoter Score (tmNPS®) twice a year through a survey. The tmNPS framework surveys team members to generate a total score based on the percentage of those who are promoters (responding with a score of 9 or 10), passives (a score of 7 or 8), and detractors (a score of 0 to 6).

Scores are calculated by subtracting the percentage of detractors from the percentage of promoters (the percentage of passives is not used in the formula). tmNPS can range from -100 to 100.

NPS: 37



This shows us there is opportunity for improvement among all team members. Our tmNPS was higher in previous years, and we hypothesize COVID-19-associated stress, adjusting to remote work, and federal contractor vaccination mandate notifications contributed to this latest, lower score. Our plan is to work with our team members and leaders to understand the root cause of the lower score and take action to get our tmNPS back to – and exceeding – previous highs.

Another approach HealthEquity takes to understand team member engagement is to analyze our survey results in four key areas: team dynamics, job design, leadership approach, and career growth potential. These drivers allow us to take action to improve engagement. We track this information over time and across teams to show how current results compare to historical ones, and how individual team results compare to the rest of the company. Results are displayed by impact on engagement. From here, our teams can take a deeper dive into each area to improve results.



Net Promoter®, NPS®, NPS Prism®, and the NPS-related emoticons are registered trademarks of Bain & Company, Inc., Satmetrix Systems, Inc., and Fred Reichheld. Net Promoter ScoreSM and Net Promoter SystemSM are service marks of Bain & Company, Inc., Satmetrix Systems, Inc., and Fred Reichheld.

COVID-19 Response

The ongoing COVID-19 pandemic has significantly reshaped business operations at HealthEquity. At the time of this writing, the pandemic is entering its third year and verges on being endemic.

The issue of pandemic response is not part of standard GRI or SASB disclosures. However, we've added it to our assessment based on surveys of stakeholders and the relative importance of this topic to our company.

Internally, we've taken several measures to support our team members and mitigate risk. The vast majority of our team members have been working remotely since March 2020. We have also closed most of our offices, converting team members who worked in those offices to "regular remote" status. Going forward, nearly all our team members will either remain "regular remote" or will move to a "hybrid" work model in some cases if they work near one of our offices.

HealthEquity diligently monitors federal, state, and local COVID-19 health guidelines and requirements and has adopted various health and safety protocols in an effort to keep our team members and local communities safe and healthy. For those working in our offices, we had previously required all team members to complete a daily health screening and to comply with CDC-recommended safety protocols, including wearing a mask in all parts of the building other than team member desks (which are spaced at least six feet from each other) when recommended by the CDC to do so. Most recently, based on CDC-tracked community levels, we have removed the mask requirement. Team members who are not essential onsite and who do not participate in our voluntary COVID-19 vaccine program currently may not work onsite, attend in-person work meetings with others, or travel on business. We will continue to monitor COVID-19 transmission levels and related changing health guidelines and protocols and adapt our health and safety protocols appropriately.

Regarding vaccination, HealthEquity has strongly encouraged all team members who are able to get vaccinated to do so. In addition to providing practical education on the vaccine, we have held multiple town halls for team members to ask questions and receive important information on vaccination.





As a federal contractor, HealthEquity is subject to the federal contractor COVID-19 vaccine mandate, and we have stated that we will fully comply if/when required to do so. At the time of this writing, several federal courts have issued temporary injunctions prohibiting enforcement of this mandate nationwide. Unless/until the nationwide order is overturned or superseded, we are not requiring vaccination from our team members. HealthEquity will continue to monitor legal developments and is committed to honoring the results.

The physical and mental wellness of our team members and their families is paramount to HealthEquity, and we have worked hard to demonstrate that. Beyond the federal mandate, we had many listening and engagement sessions to help educate our team members on the importance of being safe during the pandemic, including encouraging vaccination and booster shots.

To further address our commitment to support team members' physical and mental health through the pandemic, we have held multiple virtual support sessions on stress reduction, employee burnout, and other wellness topics, and have promoted the availability of helpful benefits like our Employee Assistance Program (EAP). We have also offered paid COVID-19 leave to team members who are unable to work because of testing positive for COVID-19 and do not have any remaining available paid time-off (PTO). Additionally, HealthEquity is closely monitoring any change in team member turnover.

Through continuing COVID-19 developments and in the post-pandemic period, HealthEquity will remain committed to keeping our team members, clients, and members healthy and whole.

Extending support to our members and clients

HealthEquity has also taken action to help our clients and members weather the effects of the pandemic. We have stayed apprised of federal actions that extend benefits-related relief and have incorporated all relevant aspects of that relief to our members and clients through our respective offerings. During the reporting period, this included championing for and accommodating the following in our products and services:

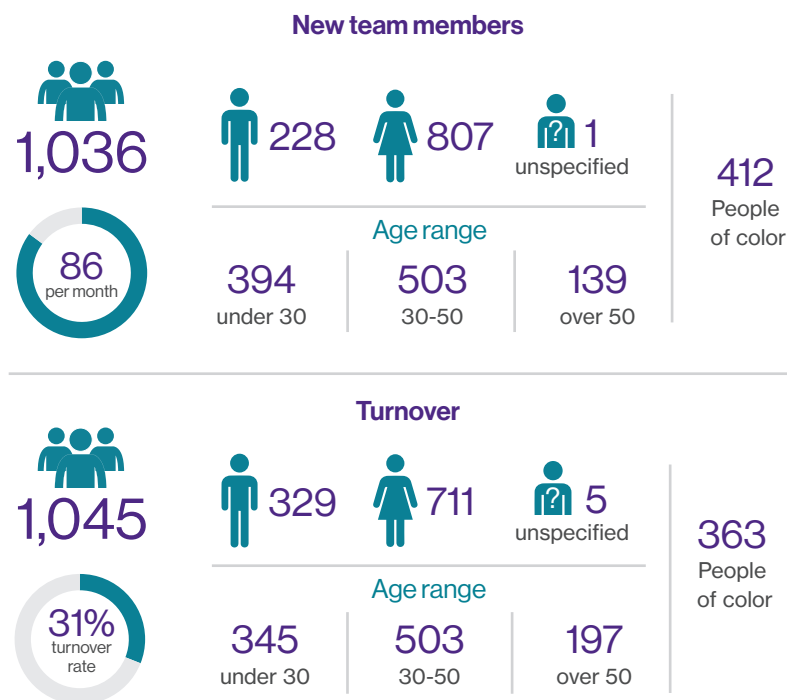
- The March 26, 2021, IRS announcement that made Personal Protection Equipment (PPE) used primarily for the purpose of preventing COVID-19 a qualified medical expense under Healthcare Flexible Spending Accounts (HCFSA), Archer medical savings accounts (Archer MSAs), health reimbursement arrangements (HRAs), and Health Savings Accounts (HSAs). This includes face masks, hand sanitizer and sanitizing wipes.
- The American Rescue Plan Act (signed into law March 12, 2021), which includes continuation-coverage premium assistance for certain individuals and their families receiving COBRA due to an involuntary termination of employment or a reduction of hours. This means we're still facilitating member accounts with COBRA subsidies for delayed notification and elections, per the 2020 guidance from the Department of Labor. The American Rescue Plan Act also includes a temporary change to Dependent Care Flexible Spending Accounts (DCFSA), which allowed an increase in employee contributions (subject to income limitations.)
- The Consolidated Appropriations Act, 2021 (CAA), which allowed employers to increase carryover amounts and extend grace periods for dependent care and healthcare FSAs. In addition, organizations may have allowed election changes without regard to change in status rules.

Employment and Team Member Benefits

It's no secret that the way Americans think about work is changing. Due to the pressures of the pandemic, increasing inflation, and widespread acceptance of remote work, more workers are reconsidering their current employment.

At HealthEquity, recruiting and retaining talented workers has always been a key part of developing a sustainable organization. In this environment, it's more critical than ever. This concern was reflected in both the stakeholder survey and interviews.

Despite experiencing the effects of the Great Resignation—fueled by COVID-19-related stress, the adjustment to remote work, and the federal contractor vaccine mandate—we are committed to transparency. We know that for HealthEquity benefits to positively influence team member retention, we must regularly review and report our hiring, our team member turnover, and the benefits we offer.



Given our status in the employee benefits space, HealthEquity feels strongly about providing our team members with a robust and valuable benefits package. Our 2022 offerings, including eligibility guidelines, are as follows:

| 2022 Benefits eligibility | | |
|---|--|--|
| Benefits | Full-time (30+Hrs) | Part-time (20-29 Hrs) |
| Medical | Yes | No |
| Dental | Yes | No |
| Vision | Yes | No |
| EAP | Yes | Yes |
| Voluntary life insurance | Yes | No |
| HQY provided life and disability (Life/STD/LTD) | Yes | No |
| HSA (base + match) | Yes | Yes, Base + match are 1/2 of FTE |
| 401(k) | Yes | Yes |
| Paid Maternity Medical Leave | Yes, 6 weeks paid | Yes, 3 weeks paid |
| Paid Parental Leave | Yes, 2 weeks paid | Yes, 1 week paid |
| CDH Change (Wellness program) | Yes Full-time = \$250 annually individual/ \$500 annually 2+/family | Yes Full-time = \$125 annually individual/ \$250 annually 2+/family |
| Movement Money (fitness reimbursement) | Yes, \$240 per year | Yes, \$120 per year |
| FSA | Yes, if no HSA | Yes, if no HSA |
| LPFSA | Yes, if no FSA | Yes, if no FSA |
| DCFSA | Yes | Yes |
| Commuter | Yes | Yes |
| GoodRx | Yes | Yes |
| Balance Booster | Yes, if on HQY HSA | Yes, if on HQY HSA |
| Aflac Voluntary Benefits | Yes | No |
| Tuition Assistance | Yes, up to \$1,000 per year | Yes, up to \$500 per year |



We can also provide additional context regarding some of our major benefits offerings, like medical insurance and parental leave.

Medical insurance premiums were subsidized up to 85 percent generally (though for team members in certain areas, a network plan with subsidies of up to 87 percent were available).

All full-time and part-time team members who are a birthing parent qualify for maternity medical leave. All full-time and part-time team members who are welcoming a new child, whether through birth, adoption, or fostering qualify for parental leave.



2021:

 **95** female team members
maternity medical leave

 **146** team members
parental leave including 96 women & 50 men

Team member retention following maternal medical leave or parental leave is an important focus for HealthEquity. All 95 team members who took maternity medical leave transitioned into parental leave following their maternity medical leave. Following parental leave, 142 of the 146 team members who took leave returned to work. Four team members did not return to work, including three women and one man.

Return-to-work rate

 **97%**  **98%**

Team members who took maternity medical leave or parental leave in 2021

Non-discrimination

A natural extension of our commitment to diversity and inclusion—and an important factor in team member retention and satisfaction—is non-discrimination. Non-discrimination was a highly rated issue among stakeholder survey responses, and it's an ideal we take seriously at HealthEquity.

HealthEquity has continued to operate under our formal equal employment opportunity, non-discrimination, and related policies, which are made available to all team members through our People Handbook and applicable state supplements to the People Handbook. We require our team members to acknowledge these policies in writing upon hire and annually thereafter.

Our Equal Employment Opportunity (EEO) and Pay Transparency policy includes a commitment to providing equal opportunity in all of our employment practices and prohibits discrimination, harassment, and retaliation in employment based on race, religion, color, sex (including pregnancy, childbirth, breastfeeding, and related medical conditions), sexual orientation, gender identity, gender expression, national origin, ancestry, citizenship status, uniform service member or veteran status, age (40 and older), genetic information, disability (physical or mental), or any other category protected by applicable state or federal law. As part of our commitment to equal opportunity, and pursuant to federal laws and regulations, the policy also states we take affirmative action to ensure that applicants and team members are treated without regard to any of the protected categories, and that all team members are considered for employment opportunities without regard to these categories.

Our Policy Against Unlawful Harassment and Discrimination includes our commitment to provide a work environment that is free of unlawful harassment, discrimination, and harassment and strictly prohibits unlawful discrimination

and harassment, including discrimination or harassment on the basis of the protected categories listed in the EEO policy. The policy lists examples of prohibited sexual and other protected category harassment. Our Policy Against Unlawful Retaliation is clear that we are committed to prohibiting retaliation against those who report, oppose, or participate in an investigation of alleged unlawful harassment or discrimination in the workplace.

These policies also encourage our team members to report harassment, discrimination, and retaliation, and require supervisors who become aware of such issues or complaints to report them promptly. We include options for reporting such concerns, including to the People Team and via the Company's Ethics hotline.

Violation of these policies will result in disciplinary action, up to and including immediate termination.

We also have a consistent procedure for tracking, reviewing, and where appropriate investigating complaints in a neutral, thorough, and prompt manner. When policy violations have occurred, we take further steps as needed, including discipline up to and including termination, to keep team members and the workplace safe and to prevent any recurrence of policy violations.



Our team members are required to complete harassment prevention training upon hire and annually thereafter. Our supervisors receive additional online and "live" training on how to prevent and respond to reports of discrimination.



Greenhouse Gas (GHG) Emissions

As a global citizen, HealthEquity is eager to do our part to mitigate the significant risk climate change poses to our planet and to our global economy. We recognize that we must examine and limit our carbon footprint. One way we attempt to do that is by producing a greenhouse gas (GHG) inventory for our organization.

HealthEquity partnered with an independent third party to conduct a Scope 1 and Scope 2 GHG assessment for the calendar years 2019, 2020, and 2021. The inventory assessment included all office locations in operation during those years, in addition to data centers used by HealthEquity and operated by an independent third party.

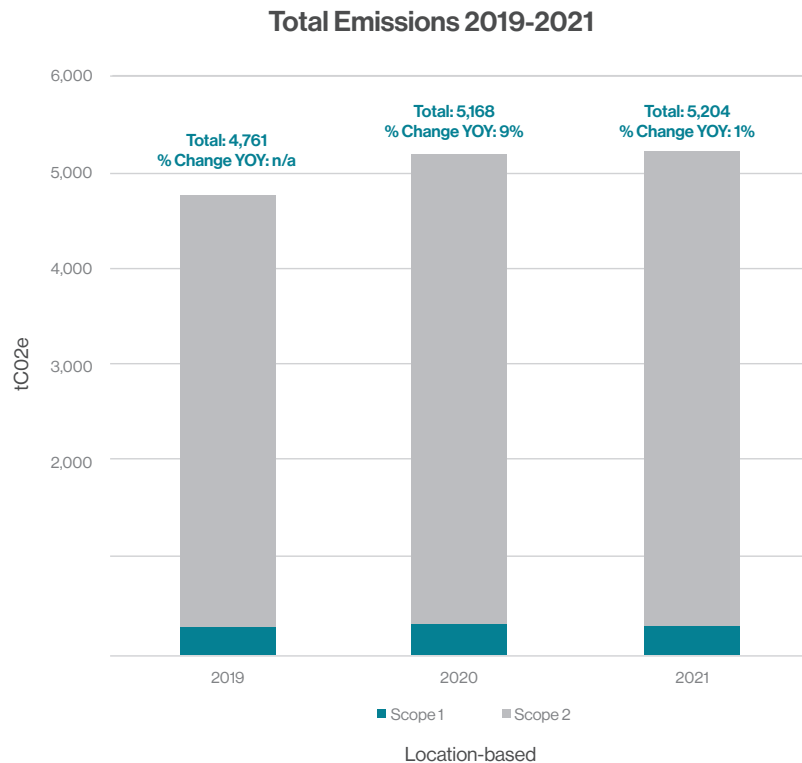
| Type | Site | Years in Operation | | |
|--|---------------|--------------------|------|------|
| | | 2019 | 2020 | 2021 |
|  Office | Alpharetta | | | |
| | Draper | | | |
| | Irving | | | |
| | Louisville | | | |
| | Milwaukee | | | |
| | Park Place | | | |
| | Seattle | | | |
| | Tempe | | | |
| | Williston | | | |
|  Data Center | Austin | | | |
| | Bluffdale | | | |
| | Denver | | | |
| | Kansas City | | | |
| | San Jose | | | |
| | Sterling | | | |
| | | | | |
| Excluded | New York | | | |
| | Overland Park | | | |

- Offices and dedicated data center sites active between 2019-2021 were included.
- New York and Overland Park offices were excluded due to lack of data; these sites are now closed and no information was available from the landlords.
- Only Draper and Irving offices remain open in 2022. All data centers are currently active.

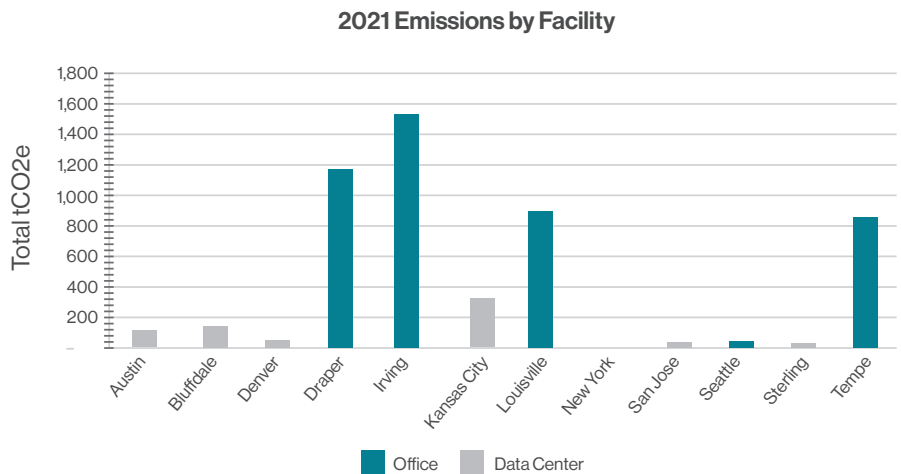


Primary data were collected from these sites on electricity and fuel use. Where primary data were not available, the third party applied estimations based on site characteristics and/or reasonable extrapolations.

The results of the inventory showed that total emissions have increased slightly since 2019, with electricity representing the majority (>90 percent) of total emissions.



Office electricity use represented most of both Scope 1 and Scope 2 emissions, and data centers contributed 13 percent of emissions. Our Irving and Draper offices were the highest-emitting sites in 2021, followed by Louisville and Tempe prior to their closing.



HealthEquity expects these results will materially improve following the 2022 closure of all offices apart from Irving and Draper. The Irving and Draper office spaces were also significantly downsized. Currently, Draper maintains only one building and Irving maintains only one half of a floor of one building. These actions were spurred by the changing nature of work precipitated by the COVID-19 pandemic but will also benefit our efforts in limiting Scope 1 and Scope 2 GHG emissions, as well as carbon emissions from vehicles.

HealthEquity is committed to performing this evaluation continually. To that end, the third party prepared a data workbook that we will use as a template to self-perform the Scope 1 and Scope 2 GHG inventory in future years.

Staying Purple

As we continue to live and work through challenging times, we are reminded of the tremendous power corporate citizens have to shape our world. The environmental, social, and governance issues covered in this report are more important than ever, and every organization has a role to play.

HealthEquity is committed to fulfilling ours.

We hope this year's edition of Sustainably Purple has helped our stakeholders gain a better understanding of our values and actions around ESG topics. We also hope our use of the GRI and SASB frameworks illuminates our work in a more comprehensive, actionable way. We believe now and in the coming months, this report will empower us to form thoughtful, measurable goals for future performance and give us the tools we need to track progress.

As always, we welcome your impressions and ideas for improvement, and we invite you to continue following our journey to create a better HealthEquity.

For more information, please contact:

Gabe Brambila

Vice President of Corporate Sustainability
gbrambila@healthequity.com

Awards and Recognitions

At HealthEquity, we take our sustainability efforts seriously. We are proud to share that our work has been recognized in many areas by several third-party groups.

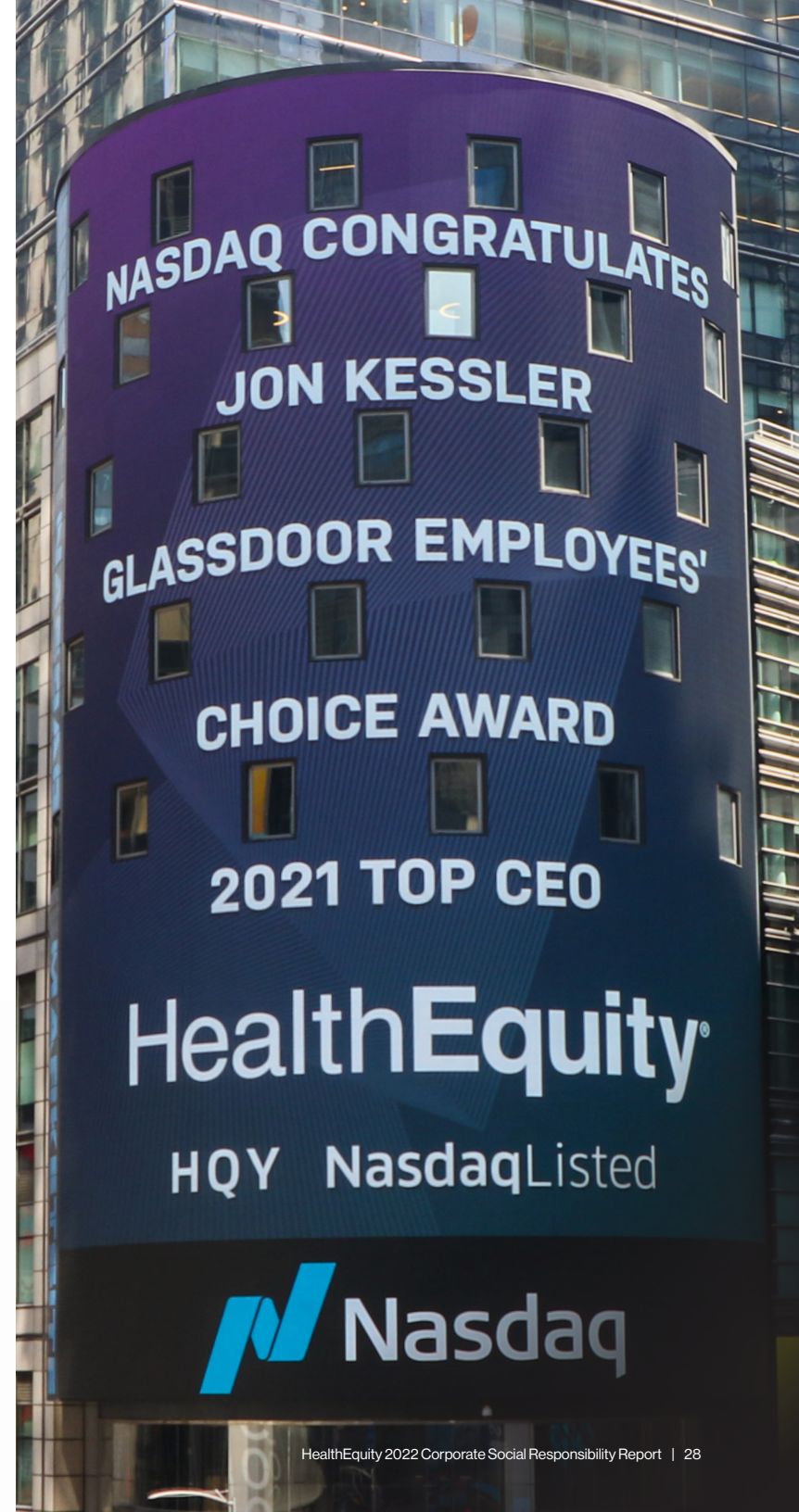
 Bloomberg Gender Equality Index (GEI), 2022

 Glassdoor Employees' Choice Award 2021: Top CEO

 Great Places to Work, 2022

 MountainWest Capital Network – Utah 100

 Human Rights Campaign Corporate Equality Index (CEI), 2022



Appendix I

In preparing Sustainably Purple, HealthEquity has sought to report with reference to the disclosures, standards, and metrics laid out by GRI and SASB. Here, you can find an index of disclosures from both bodies complete with HealthEquity commentary.

GRI index

HealthEquity has reported the information cited in this GRI content index for the period February 1, 2021 to January 31, 2022, unless otherwise noted, with reference to the GRI standards.

| GRI standard | Disclosure | Page(s) in this report | Further information and commentary |
|--|--|------------------------|--|
| GRI 2: General Disclosures 2021 | 2-1 Organizational details | 4 - 7 | |
| | 2-2 Entities included in the organization's sustainability reporting | | For a full list of subsidiaries of HealthEquity, Inc., see Exhibit 2.1 |
| | 2-3 Reporting period, frequency and contact point | 28 - 29 | |
| | 2-4 Restatements of information | | HealthEquity acquired Lumm and Further since last reporting period |
| | 2-5 External assurance | | HealthEquity did not seek external assurance for this report |
| | 2-6 Activities, value chain and other business relationships | 6, 7, 18 | HealthEquity acquired Lumm and Further since the last reporting period and closed several offices due to the impact of COVID-19 |
| | 2-7 Employees | 5, 11 | |
| | 2-8 Workers who are not employees | | HealthEquity employs contractors but they are not included in our total team member count |
| | 2-9 Governance structure and composition | 13 - 14, 23 -24 | For more information on this topic, see our latest Proxy Statement |
| | 2-10 Nomination and selection of the highest governance body | 13, 15 | For more information on this topic, see our latest Proxy Statement |
| | 2-11 Chair of the highest governance body | | Chairman of the Board is a non-executive at HealthEquity HealthEquity also has a Vice-Chairman that is an executive at HealthEquity |
| | 2-12 Role of the highest governance body in overseeing the management of impacts | | For more information on this topic, see our latest Proxy Statement |
| | 2-13 Delegation of responsibility for managing impacts | | For more information on this topic, see our latest Proxy Statement |
| | 2-14 Role of the highest governance body in sustainability reporting | | For more information on this topic, see our latest Proxy Statement |
| | 2-15 Conflicts of interest | | For more information on this topic, see our Code of Business Conduct and Ethics |
| | 2-16 Communication of critical concerns | | For more information on this topic, see our latest Proxy Statement |
| | 2-17 Collective knowledge of the highest governance body | | For more information on this topic, see our latest Proxy Statement |
| | 2-18 Evaluation of the performance of the highest governance body | | For more information on this topic, see our latest Proxy Statement |
| | 2-19 Remuneration policies | | For more information on this topic, see our latest Proxy Statement |

| GRI standard | Disclosure | Page(s) in this report | Further information and commentary |
|------------------------------------|---|------------------------|--|
| | 2-20 Process to determine remuneration | | For more information on this topic, see our latest Proxy Statement |
| | 2-21 Annual total compensation ratio | | For more information on this topic, see our latest Proxy Statement |
| | 2-22 Statement on sustainable development strategy | 3 | |
| | 2-23 Policy commitments | | For more information on this topic, see our Code of Business Conduct and Ethics |
| | 2-24 Embedding policy commitments | | For more information on this topic, see our Code of Business Conduct and Ethics |
| | 2-25 Processes to remediate negative impacts | | For more information on this topic, see our latest Proxy Statement |
| | 2-26 Mechanisms for seeking advice and raising concerns | | For more information on this topic, see our latest Proxy Statement |
| | 2-27 Compliance with laws and regulations | | For more information on this topic, see our latest Proxy Statement |
| | 2-28 Membership associations | | <p>Employers Council on Flexible Compensation (ECFC): Board Member, Government Relations & Interpretations Chair, Technical Advisory Council, Conference Committee Chair</p> <p>The Special Interest Group for IAS Standards (SIGIS): Chair, Board Member, Audit Committee, Eligible Product List Committee</p> <p>American Benefits Council (ABC): Executive Board Committee Member, Policy Advisor Committee</p> <p>Employee Benefit Research Institute (EBRI): Speaker</p> <p>Alliance to Fight for Health Care (AFHC): Committee Member</p> <p>The Council for Affordable Health Coverage (CAHC): Board Member</p> <p>Health Savings Account Council (HSA Council): Board Member, Advocacy and Compliance Committees</p> <p>U.S. Chamber of Commerce: Employee Benefits Committee Member</p> <p>America's Health Insurance Plan (AHIP): Communication, Employer Provided Coverage and State Affairs Committees</p> <p>Association for Commuter Transportation (ACT): Advisor and member</p> <p>American Public Transportation Association (APTA): Advisor and member</p> <p>Consumer Healthcare Products Association (CHPA): Advisor</p> <p>Employee Benefits Institute of America (EBIA): Advisor/Industry Speaker</p> |
| | 2-29 Approach to stakeholder engagement | 9, 20 | For more information on this topic, see our latest Proxy Statement |
| | 2-30 Collective bargaining agreements | | HealthEquity does not have team members covered by a collective bargaining agreement |
| GRI 3: Material Topics 2021 | 3-1 Process to determine material topics | 9 - 10 | |
| | 3-2 List of material topics | 9 - 10 | |
| | 3-3 Management of material topics | | Each material topic is discussed in detail throughout this report |

| GRI standard | Disclosure | Page(s) in this report | Further information and commentary |
|--|--|------------------------|--|
| GRI 205: Anti-corruption 2016 | 205-1 Operations assessed for risks related to corruption | 12 | |
| | 205-2 Communication and training about anti-corruption policies and procedures | 12 | |
| | 205-3 Confirmed incidents of corruption and actions taken | | We are not aware of any incidents during this reporting period |
| GRI 305: Emissions 2016 | 305-1 Direct (Scope 1) GHG emissions | 27 | |
| | 305-2 Energy indirect (Scope 2) GHG emissions | 27 | |
| | 305-3 Other indirect (Scope 3) GHG emissions | | HealthEquity does not track |
| | 305-4 GHG emissions intensity | | HealthEquity does not track |
| | 305-5 Reduction of GHG emissions | 27 | No goals have been set |
| | 305-6 Emissions of ozone-depleting substances (ODS) | | HealthEquity does not track |
| | 305-7 Nitrogen oxides (NOx), sulfur oxides (SOx), and other significant air emissions | | HealthEquity does not track |
| GRI 401: Employment 2016 | 401-1 New employee hires and employee turnover | 23 - 24 | |
| | 401-2 Benefits provided to full-time employees that are not provided to temporary or part-time employees | 23 | |
| | 401-3 Parental leave | 23 - 24 | |
| GRI 405: Diversity and Equal Opportunity 2016 | 405-1 Diversity of governance bodies and employees | 13 | |
| | 405-2 Ratio of basic salary and remuneration of women to men | 19 | |
| GRI 406: Non-discrimination 2016 | 406-1 Incidents of discrimination and corrective actions taken | 25 | This information is confidential to HealthEquity |
| GRI 418: Customer Privacy 2016 | 418-1 Substantiated complaints concerning breaches of customer privacy and losses of customer data | 11 | This information is confidential to HealthEquity |

SASB index

| Topic | Disclosure | Page(s) in this report | Further information and commentary |
|---|---|------------------------|--|
| Data Privacy & Freedom of Expression | Description of policies and practices relating to behavioral advertising and user privacy (TC-SI-220a.1) | 11 | |
| Data Security | (1) Number of data breaches, (2) percentage involving personally identifiable information (PII), and (3) number of users affected (TC-SI-230a.1) | N/A | This information is confidential to HealthEquity |
| Data Security | Description of approach to identifying and addressing data security risks, including use of third-party cybersecurity standards (TC-SI-230a.2) | 11 | |
| Recruiting & Managing a Global, Diverse & Skilled Workforce | Percentage of employees that are (1) foreign nationals and (2) located offshore (TC-SI-330a.1) | 13 | |
| Recruiting & Managing a Global, Diverse & Skilled Workforce | Employee engagement as a percentage (TC-SI-330a.2) | 20 | |
| Recruiting & Managing a Global, Diverse & Skilled Workforce | Percentage of gender and racial/ethnic group representation for (1) management, (2) technical staff, and (3) all other employees (TC-SI-330a.3) | 13 - 18 | |

HealthEquity®

Connecting health and wealth

Copyright © 2022 HealthEquity, Inc. All rights reserved.