



##35PNC#####

# Add/Update HSA Beneficiaries

Please complete this form to designate your beneficiary. If you are married in common law or in a community property or marital property state, you must designate your spouse as your primary beneficiary. If you wish to designate someone other than your spouse, your spouse must agree by signing in the spousal consent section (section 4).



Fax completed form to:  
844-438-1496



Mail completed form to:  
Flexible Benefits Department  
PO Box 219393  
Kansas City, MO 64121-9393



Questions about this form?  
855-399-3035  
6 am to 6 pm MST

## Section 1: Account Information

ACCOUNT NUMBER (12 digits beginning with 601)

LAST NAME

FIRST NAME

MIDDLE INITIAL

EMPLOYER NAME

SOCIAL SECURITY NUMBER

EMAIL ADDRESS

TELEPHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

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## Section 2: Primary Beneficiary Designation

I designate the following individual(s) or entity as my primary death beneficiary (ies) of this HSA, and I hereby revoke all prior death beneficiary designations made by me. Share percentages must equal 100%.

1

LAST NAME

FIRST NAME

Specify Relationship

Spouse

Dependent

Other

Specify Share

%

DATE OF BIRTH

SOCIAL SECURITY NUMBER

ADDRESS

2

LAST NAME

FIRST NAME

Specify Relationship

Spouse

Dependent

Other

Specify Share

%

DATE OF BIRTH

SOCIAL SECURITY NUMBER

ADDRESS

3

LAST NAME

FIRST NAME

Specify Relationship

Spouse

Dependent

Other

Specify Share

%

DATE OF BIRTH

SOCIAL SECURITY NUMBER

ADDRESS

## Section 3: Contingent Beneficiary Designation

I designate the following individual(s) or entity as my contingent death beneficiary (ies) of this HSA, and I hereby revoke all prior death Beneficiary designations made by me. Share percentages must equal 100%.

1

LAST NAME

FIRST NAME

Specify Relationship

Spouse

Dependent

Other

Specify Share

%

DATE OF BIRTH

SOCIAL SECURITY NUMBER

ADDRESS

2

LAST NAME

FIRST NAME

Specify Relationship

Spouse

Dependent

Other

Specify Share

%

DATE OF BIRTH

SOCIAL SECURITY NUMBER

ADDRESS

3

LAST NAME

FIRST NAME

Specify Relationship

Spouse

Dependent

Other

Specify Share

%

DATE OF BIRTH

SOCIAL SECURITY NUMBER

ADDRESS

