

Form Instructions: Use this form to designate a beneficiary or beneficiaries to receive your health savings account (HSA) after your death. This Designation of Beneficiary Form will stay in effect until you submit another valid Designation of Beneficiary Form naming other beneficiaries or canceling all prior designations. The beneficiary designation(s) you provide on this form will automatically cancel all previous designations you submitted. Complete this form in accordance with the instructions. Do not cross out, erase, or otherwise change information you provide on this form. Please note, if you are married and intend to designate a beneficiary other than, or in addition to, your spouse, your spouse must consent in writing by signing this form. This form must be notarized. Please consult your tax advisor or an attorney when completing this form, as there may be tax and/or legal consequences to your designation.

Make a copy of this form for your records and send the original to Optum Financial. You will receive a confirmation of your designation once your form is processed.

Form Submission Checklist:

- You provide your name and last 4 digits of your Social Security Number on each page that you submit.
- You print legibly.
- You sign all pages you complete on the same date.
- Your spouse reviews and signs the Spousal Consent Section, if applicable.
- You do not alter this form or any information you provide on it.
- Your primary beneficiaries' shares add up to 100%.
- The shares of contingent beneficiaries, if any, total 100% for each primary beneficiary.
- The form is notarized.
- Mail the original to: Optum Financial, P.O. BOX 85960, 6300 Wayne Road, Westland, MI 48185

STEP 1: Account Holder Information

First Name:	Middle Name:	Last Name:	Date of Birth:
Address:		City:	State: Zip Code:
Social Security Number: <small>(Only Last 4 Digits Required)</small>		Account Number: <small>(12 digits from your Welcome Kit or statement. Not your card number.)</small>	
<div style="font-size: 2em; font-family: monospace;"> XXXX / XX / _____ </div>			

STEP 2: Designation of Primary Beneficiaries

First Name of Primary Beneficiary <small>(or Trust and Trustee Name)</small>	Last Name of Primary Beneficiary	Address of Primary Beneficiary <small>(or Trust and Trustee)</small>	Date of Birth <small>(mm/dd/yyyy) (Creation date, if Trust)</small>	Social Security Number <small>(TIN, if Trust)</small>	Relationship	Share %
					<input type="checkbox"/> Spouse <input type="checkbox"/> Other Individual <input type="checkbox"/> Trust	
					<input type="checkbox"/> Spouse <input type="checkbox"/> Other Individual <input type="checkbox"/> Trust	
					<input type="checkbox"/> Spouse <input type="checkbox"/> Other Individual <input type="checkbox"/> Trust	
					<input type="checkbox"/> Spouse <input type="checkbox"/> Other Individual <input type="checkbox"/> Trust	
					<input type="checkbox"/> Spouse <input type="checkbox"/> Other Individual <input type="checkbox"/> Trust	
Total Share %:						

STEP 3: Designation of Contingent Beneficiaries

Do not complete this section if you are not naming contingent beneficiaries. You may designate one or more contingent beneficiaries for each primary beneficiary you name. The contingent beneficiary[ies] you name will receive the portion of the HSA that you designated for a specific primary beneficiary who dies before you. Each contingent beneficiary must be linked to a primary beneficiary. You cannot link a contingent beneficiary to another contingent beneficiary.

First Name of Contingent Beneficiary <i>(or Trust and Trustee Name)</i>	Last Name of Contingent Beneficiary	Address of Contingent Beneficiary <i>(or Trust and Trustee)</i>	Date of Birth <i>(mm/dd/yyyy) (Creation date, if Trust)</i>	Social Security Number <i>(TIN, if Trust)</i>	Contingent to which primary beneficiary? <i>(Enter Primary Beneficiary Name)</i>	Relationship	Share %
						<input type="checkbox"/> Spouse <input type="checkbox"/> Other Individual <input type="checkbox"/> Trust	
						<input type="checkbox"/> Spouse <input type="checkbox"/> Other Individual <input type="checkbox"/> Trust	
						<input type="checkbox"/> Spouse <input type="checkbox"/> Other Individual <input type="checkbox"/> Trust	
						<input type="checkbox"/> Spouse <input type="checkbox"/> Other Individual <input type="checkbox"/> Trust	
Total Share %:							

STEP 4: Account Holder Signature

I certify that I am the named Account Holder of the above-referenced health savings account (“HSA”). By signing below, I certify that the information contained on this Beneficiary Designation Form is true and correct. Upon my death, all funds remaining in my HSA should be paid to the beneficiaries named on this form, unless superseded by a subsequent beneficiary designation properly executed by me. If my spouse is a named beneficiary, my spouse may choose to continue the HSA in his or his name, subject to Custodian’s approval. For any non-spouse beneficiary, the HSA terminates as of the date of my death. If I am naming beneficiaries other than, or in addition to my spouse, state law may require my spouse’s consent. I understand that I should consult an attorney or tax advisor before designating any beneficiaries. I certify that this beneficiary designation satisfies all legal requirements under applicable law. On behalf of myself, the designated beneficiary(ies), my heirs and my estate, I hereby indemnify the Custodian of my HSA, its agents or affiliates harmless from and against any and all claims, damages, liabilities and costs (including attorney’s fees) arising as a result of the Custodian’s payment of my HSA funds under the terms of this Beneficiary Designation.

First Name:	Middle Name:	Last Name:	Social Security Number: <i>(Only Last 4 Digits Required)</i>
Account Holder Signature:			Date:

STEP 5: Spousal Consent (if applicable)

If you designate a beneficiary other than or in addition to your spouse, certain state laws may require your spouse to consent to that beneficiary designation. Consult your attorney or tax advisor for further information.

I certify that I am the spouse of the above-referenced Account Holder. I hereby consent to the designation of beneficiary(ies) as identified above. I relinquish any interest I may have in the HSA funds in accordance with the above-named beneficiary designation.

First Name of Spouse: <i>(Printed)</i>	Last Name of Spouse: <i>(Printed)</i>
Signature of Spouse:	Date:

How to Submit:

Please upload the completed, signed and notarized form as a PDF document to: <https://forms.optumfinancial.com> OR mail the completed, signed and notarized form to: Optum Financial, P.O. BOX 85960, 6300 Wayne Road, Westland, MI 48185



STEP 6: Confirm Account Holder Information for Notarization

First Name:	Middle Name:	Last Name:
Social Security Number: (Only Last 4 Digits Required)		
XXX / XX / _____		

Notary Information

This area is reserved for notarization.



Discrimination is Against the Law

Premera Blue Cross (Premera) complies with applicable Federal and Washington state civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. Premera does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. Premera provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). Premera provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact the Civil Rights Coordinator. If you believe that Premera has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation, you can file a grievance with: Civil Rights Coordinator — Complaints and Appeals, PO Box 91102, Seattle, WA 98111, Toll free: 855-332-4535, Fax: 425-918-5592, TTY: 711, Email AppealsDepartmentInquiries@Premera.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Ave SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. You can also file a civil rights complaint with the Washington State Office of the Insurance Commissioner, electronically through the Office of the Insurance Commissioner Complaint Portal available at <https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status>, or by phone at 800-562-6900, 360-586-0241 (TDD). Complaint forms are available at <https://fortress.wa.gov/oic/onlineservices/cc/pub/complaintinformation.aspx>.

Language Assistance

- ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-722-1471 (TTY: 711).
- 注意:** 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 800-722-1471 (TTY: 711)。
- CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-722-1471 (TTY: 711).
- 주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-722-1471 (TTY: 711) 번으로 전화해 주십시오.
- ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-722-1471 (телетайп: 711).
- PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 800-722-1471 (TTY: 711).
- УВАГА!** Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 800-722-1471 (телетайп: 711).
- ប្រយ័ត្ន:** បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អល្អ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 800-722-1471 (TTY: 711)។
- 注意事項:** 日本語を話される場合、無料の言語支援をご利用いただけます。800-722-1471 (TTY:711) まで、お電話にてご連絡ください。
- ማስታወሻ:** የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገለግሉት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 800-722-1471 (መስማት ለተሳናቸው፡ 711)።
- XIYYEEFFANNA:** Afaan dubbattu Oroomiffa, tajaajjila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 800-722-1471 (TTY: 711).
- ملحوظة:** إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 800-722-1471 (رقم هاتف الصم والبكم: 711).
- ਧਿਆਨ ਦਿਓ:** ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 800-722-1471 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।
- ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 800-722-1471 (TTY: 711).
- ໂປດຊາບ:** ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ຄ່າສິ່ງຄ່າ, ຄວນມີພ້ອມໃຫ້ທ່ານ. ໂທ 800-722-1471 (TTY: 711).
- ATANSYON:** Si w pale Kreyòl Ayisyen, gen sévis èd pou lang ki disponib gratis pou ou. Rele 800-722-1471 (TTY: 711).
- ATTENTION:** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 800-722-1471 (ATS : 711).
- UWAGA:** Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 800-722-1471 (TTY: 711).
- ATENÇÃO:** Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 800-722-1471 (TTY: 711).
- ATTENZIONE:** In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 800-722-1471 (TTY: 711).

توجہ: اگر بہ زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 800-722-1471 (TTY: 711) تماس بگیرید.