

# HSA BENEFICIARY DESIGNATION FORM



Account Holder Information (Please Print)			Spending Account ID #								
			S	A							
Last Name	First Name	Middle Initial	Social Security # (if SA# is not known)								
Street Address											
City	State	Zip	Daytime Phone #								
Account Holder Email Address				Employer Name							

## Beneficiary Information

**I wish to revoke my previous beneficiary designations** and not name specific beneficiaries. If a specific beneficiary designation is not on file with Horizon at the time of your death, your legal spouse will be deemed your beneficiary. If you have no legal spouse, the funds will be paid to your estate.

**I wish to change my primary and secondary beneficiaries** as indicated below. If percentages are not indicated, then equal shares will apply. If a beneficiary dies before me, then percentages will be adjusted on a proportionate basis. I understand that I may change these designations at any time via the Online Member Service Center or in writing. NOTE: If you live in the states of AZ, CA, ID, LA, NV, NM, TX, WA, WI you need consent from your spouse to name a primary beneficiary other than, or in addition to, your spouse.

## Primary Beneficiary(ies)

Name and Address	Social Security No.	Relationship	Date of Birth	Percent

## Contingent Beneficiary(ies)

If there is no primary beneficiary living at the time of my death, I hereby specify that the value of my account is to be distributed to my contingent beneficiary (ies) listed below. PLEASE NOTE: Your primary beneficiary cannot be your contingent beneficiary.

Name and Address	Social Security No.	Relationship	Date of Birth	Percent

**SPOUSAL CONSENT** - Complete this section if your spouse is not named as the primary beneficiary AND you live in the states of AZ, CA, ID, LA, NV, NM, TX, WA, WI. As the spouse of the Account Holder named on this form, I hereby consent to the beneficiary(ies) designated on this form. I am waiving my right to be the beneficiary under this account.

Spouse's Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Witness: I, a Notary Public, witnessed the signing of the foregoing Consent of the Spouse.

\_\_\_\_\_  
(Notary Public) (seal)

## Account Holder Signature

If no designated beneficiary survives me, my undistributed interest shall be paid as provided in the terms and conditions for my account. I reserve the power to change, modify or revoke this designation in writing at any time before my death.

HSA Account Holder Signature \_\_\_\_\_ Date \_\_\_\_\_

Questions? Call Member Services at 1-888-215-0025.

**Send via secured email only:**  
HorizonMyWay.Documents@Hellofurther.com

**Fax to:**  
866-231-0214

**Mail to:**  
PO Box 982814  
El Paso, TX 79998-2814

Further is an IRS approved non-bank trustee administrator providing HSA custodial services on behalf of Horizon to its members. An Independent Licensee of the Blue Cross and Blue Shield Association.