

# HSA BENEFICIARY DESIGNATION FORM



Account Holder Information (Please Print)			Spending Account ID #							
			<b>S</b>	<b>A</b>						
<div style="display: flex; justify-content: space-between;"> <span>Last Name</span> <span>First Name</span> <span>Middle Initial</span> </div>			<b>Social Security # (if SA# is not known)</b>							
Street Address										
<div style="display: flex; justify-content: space-between;"> <span>City</span> <span>State</span> <span>Zip</span> </div>			<b>Daytime Phone #</b>							
Account Holder Email Address			Employer Name							
<b>Beneficiary Information</b>										
<input type="checkbox"/> <b>I wish to revoke my previous beneficiary designations</b> 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.										
<input type="checkbox"/> <b>I wish to change my primary and secondary beneficiaries</b> 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.										
<b>Primary Beneficiary(ies)</b>										
Name and Address		Social Security No.		Relationship		Date of Birth		Percent		
<b>Contingent Beneficiary(ies)</b>										
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		
<b>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.</b> 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. <div style="text-align: right; margin-top: 10px;">             _____ (seal)              (Notary Public)           </div>										
<b>Account Holder Signature</b>										
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