



Aetna HealthFund® Health Savings Account (HSA) Beneficiary Designation

Instructions

- This form allows you to designate a beneficiary for your HSA in the event of your death.
- **Spouse Election:** If you are married and your spouse is living at the time of your death, you may choose to keep your HSA open and transfer it to your spouse for his/her use.
- **Designation of Beneficiaries:** If you are not married, your spouse is not living at the time of your death or if you do not want the account to remain open for your spouse, you may designate one or more beneficiaries to receive the balance of your account. The account will be closed and the balance distributed in cash. If you do not designate a beneficiary or if all of your designated beneficiaries die before you, the balance will be distributed to your estate.
- Your election and designations will be effective when this form is received, and will supersede all prior elections/designations.
- To make these elections please complete this form and return it to: **HSA Operations
P.O. Box 30207
Tampa, FL 33630-3207**
- Please retain a copy of your completed form for your files.

Account Holder Information

Name : Last		First		MI
Birthdate (MM/DD/YYYY) / /	Social Security Number / /	Daytime Telephone Number () -	Evening Telephone Number () -	
Street Address _____ _____				
City		State	Zip Code	Country

Spouse Election (If you are not married, please skip to the next section)

If my spouse is living at the time of my death:			
<input type="checkbox"/> I want my HSA to remain open and transferred to my spouse for his/her use.* <input type="checkbox"/> Close my HSA and distribute the balance to my beneficiaries. (Requires Spouse Acknowledgement on reverse side)			
Spouse's Name	Social Security Number / /		
Address _____ _____			
Street	City	State	Zip Code
Telephone Number () -	Birthdate (MM/DD/YYYY) / /		

Designation of Beneficiaries

If I am not married, my spouse is not living or if I have elected to have my HSA closed at the time of my death, I want the funds remaining in my HSA to be distributed to: <input type="checkbox"/> My estate* <input type="checkbox"/> My beneficiary(ies) indicated on reverse side
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The options indicated with a star () are the defaults that have been established for your account. These will remain in effect unless/until we receive an alternative election from you.

Primary Beneficiaries

If you name more than one primary beneficiary indicate the percentage of the balance to be received by each primary beneficiary (the percentages should add to 100%). If a primary beneficiary should die before you, his or her interest, as well as the interests of his or her heirs, will terminate completely and the percentage share of the surviving beneficiaries will be increased on a pro-rata basis. If none of your designated beneficiaries are alive at the time of your death, the balance of your HSA will be distributed to your estate. If you are currently married and if you have designated someone other than (or in addition to) your spouse as beneficiary, please have your spouse authorize the designation by signing below.

Primary Beneficiary 1

Name		Social Security Number / /	
Address			
Street		City	State Zip Code
Telephone Number () -	Relationship	Birthdate (MM/DD/YYYY) / /	Beneficiary %

Primary Beneficiary 2

Name		Social Security Number / /	
Address			
Street		City	State Zip Code
Telephone Number () -	Relationship	Birthdate (MM/DD/YYYY) / /	Beneficiary %

Contingent Beneficiaries

Contingent beneficiaries will receive your HSA assets in the event all of your primary beneficiaries predecease you. Please list one or more contingent beneficiaries, together with the percentage of your HSA assets each should receive. The percentages you list for all contingent beneficiaries should total 100%.

Contingent Beneficiary 1

Name		Social Security Number / /	
Address			
Street		City	State Zip Code
Telephone Number () -	Relationship	Birthdate (MM/DD/YYYY) / /	Beneficiary %

Contingent Beneficiary 2

Name		Social Security Number / /	
Address			
Street		City	State Zip Code
Telephone Number () -	Relationship	Birthdate (MM/DD/YYYY) / /	Beneficiary %

Signature

<input checked="" type="checkbox"/> _____ Account Holder's Signature			_____ Print Name	_____ Date Signed
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Spouse Acknowledgement

If you are currently married and if you have designated someone other than (or in addition to) your spouse as beneficiary, please have your spouse authorize the designation by signing below.

<input checked="" type="checkbox"/> _____ Spouse's Signature	_____ Print Name	_____ Date Signed
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