

## HCRA 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								
Instructions												
Do not name your current spouse as your primary or contingent beneficiary. Your spouse will automatically be entitled to reimbursement of his or her medical expenses from your account following your death. We recommend naming children (including current dependents), other family members, or friends. You must name a living person (not a charity, church or other organization). Your primary beneficiary cannot be your contingent beneficiary. As the original account holder, only you are eligible to name beneficiaries to your account.												
Primary Beneficiary(ies)												
I hereby specify that the following primary beneficiary(ies) shall be eligible for the taxable reimbursement of allowable medical expenses from my account in the HCRA after my death. I acknowledge and agree that no amounts shall be available to my primary beneficiary(ies) while I have a surviving spouse or eligible dependents as defined under the HCRA Plan.												
Name and Address		Social Security No.		Relationship		Date of Birth		Percent				
Contingent Beneficiary(ies)												
If no primary beneficiary(ies) survive me, or upon the death of my last primary beneficiary who survives me, I hereby specify that the following contingent beneficiary(ies) be eligible for the taxable reimbursement of allowable medical expenses from my account in the HCRA. I acknowledge and agree that no amounts shall be available to my contingent beneficiary(ies) while I have a surviving spouse or eligible dependents as defined under the HCRA Plan.												
Name and Address		Social Security No.		Relationship		Date of Birth		Percent				
Account Holder Signature												
<input type="checkbox"/> I have read and understand the regulations for naming a beneficiary(ies) to my account. I agree to the terms as stated in both page 1 and 2 of this form. 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.												
HCRA Account Holder Signature						Date						

**Save time: submit this information online.** Questions? Call Member Services at 1-800-859-2144.

**Complete online:**

Log into your account at  
hellofurther.com

**Send via secured email only:**

further.documents@hellofurther.com

**Fax to:**

866-231-0214

**Mail to:**

P.O. Box 64193  
St. Paul, MN 55164-0193

### Beneficiary Information

I understand that in the event of my death, the remaining funds in my account shall initially be available only for the reimbursement of allowable medical expenses incurred by my surviving spouse and any eligible dependents as defined under the HCRA Plan. My spouse shall serve as the administrator of my account. If I have no surviving spouse, the remaining eligible dependent(s) shall designate one dependent to administer the account. My spouse and/or any eligible dependents can continue to be reimbursed for allowable medical expenses on a pre-tax basis, as long as they continue to meet all IRS requirements.

If at any time after my death I no longer have a surviving spouse or eligible dependent(s), the remaining funds in my account shall be available for the taxable reimbursement of allowable medical expenses incurred by my primary beneficiary(ies), in accordance with the percentages indicated below. If more than one primary beneficiary is designated and no percentages are indicated, my account will be available to the primary beneficiaries in equal percentages. Upon the death of any primary beneficiary, his or her interest shall terminate completely, and the percentage share of any remaining primary beneficiary(ies) in my account shall be increased on a pro rata basis. Each primary beneficiary shall be treated as the administrator of his or her designated percentage of my account.

If no primary beneficiary(ies) survive me, or upon the death of the last primary beneficiary who survives me, the remaining funds in my account shall be available for the taxable reimbursement of allowable medical expenses incurred by my contingent beneficiary(ies), in accordance with the percentage(s) indicated below. If more than one contingent beneficiary is designated and no percentages are indicated, my account will be available to the contingent beneficiaries in equal percentages. Upon the death of any contingent beneficiary, his or her interest shall terminate completely, and the percentage share of any remaining contingent beneficiary(ies) in my account shall be increased on a pro rata basis. Each contingent beneficiary shall be treated as the administrator of his or her designated percentage of my account.

Upon the death of my last beneficiary, or if I fail to name a beneficiary, the balance of my account shall be available for the reimbursement of allowable medical expenses according to the terms of the HCRA Plan. All reimbursements from my account to persons who are not participants, their spouses or eligible dependents will be taxable income to such persons.