

Beneficiary Designation Form – Health Care Savings Program

Please print clearly • See attached guide for details • Retain a copy for your records * Required field

1. Information about you

Last name*	First name*	Social Security Number*	Phone number (with area code)*
Name of employer* Wayne County		Municipality number (4 digits)* 8261	Plan number (6 digits)* 301675

2. Spouse information

In this section, you'll identify your spouse (if applicable) who, along with your legal dependents at separation from employment, may use the account on a tax-free basis for reimbursement of medical expenses. At the time of reimbursement, you will validate that the claim is for your spouse or a legal dependent of yours.

In the event of your death, your spouse, and any of your legal dependents who have not attained the IRS' age limit may continue to use the account on a tax-free basis for reimbursement of medical expenses until the account reaches zero balance. If you are not married, but have legal dependents, your account balance will transfer (in equal amounts, if more than one) to their name for continued reimbursement of medical expenses on a tax-free basis until they reach IRS age limitations. At that time, those dependents will convert to named beneficiaries. Access to the account for reimbursement of medical expenses will continue, however, reimbursements will become taxable and a 1099 will be issued to the individual for each tax year they continue to use the account.

	Name (First, Last)	Date of birth (mm/dd/yyyy)	SSN
Spouse			

3. Beneficiary information

If your account balance exceeds the life of you and your spouse/legal dependents, the remainder will transfer to a named beneficiary who can use the account on a taxable basis for reimbursement of medical expenses. You may name one or more individual(s) as Primary Beneficiary and one or more as Contingent (cannot be a Trust). If you die without a spouse, legal dependent, or a named beneficiary, the representative of your estate may name a beneficiary who may use the remainder of your account for medical expenses on a taxable basis. In this case, if your estate does not contact MERS within one year of your death, any account balance will revert to the employer's Trust.

Primary Beneficiary – NOT your spouse or legal dependents

Name of Primary Beneficiary* (Spouse, if applicable)	Relationship*	Social Security Number*	Date of birth (mm/dd/yyyy)*	Percentage*

If you want to add more beneficiaries, please attach a separate list that you have signed and dated. Must equal 100%

Contingent Beneficiary – NOT your spouse or legal dependents

Name of Contingent Beneficiary*	Relationship*	Social Security Number*	Date of birth (mm/dd/yyyy)*	Percentage*

If you want to add more beneficiaries, please attach a separate list that you have signed and dated. Must equal 100%

4. Required signature

I have completed, understand, and agree to all pages of this *Beneficiary Designation Form* and guide. I hereby revoke all prior beneficiary designations (if any).

Signature of member*	Date (mm/dd/yyyy)*
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Data collected on this form will be used by MERS staff for identification and documentation purposes only.

Step-by-Step Guide to Completing the Beneficiary Designation Form – Health Care Savings Program

This form is available for download at www.mersofmich.com, or through your myMERS account.

Please print clearly. Fields with an asterisk (*) are required fields and must be completed to submit the form accurately.

1. Information about you*

If you are completing this form for the first time or have made recent changes to your personal information, please be sure to complete the Personal Information Form (MD-001). You can download the form at www.mersofmich.com or call 800.767.6377 to have a form mailed to you.

2. Spouse information

In this section, you'll identify your spouse who, along with your legal dependents at separation from employment, may use the account on a tax-free basis for reimbursement of medical expenses. At the time of reimbursement, you will validate that the claim is for your spouse or a legal dependent of yours.

In the event of your death, your spouse, and any of your legal dependents who have not attained the IRS' age limit may continue to use the account on a tax-free basis for reimbursement of medical expenses until the account reaches zero balance. If you are not married, but have legal dependents, your account balance will transfer (in equal amounts, if more than one) to their name for continued reimbursement of medical expenses on a tax-free basis until they reach IRS age limitations. At that time, those dependents will convert to named beneficiaries. Access to the account for reimbursement of medical expenses will continue, however, reimbursements will become taxable and a 1099 will be issued to the individual for each tax year they continue to use the account.

Definition of a Dependent

For purposes of the Health Care Savings Program, the Internal Revenue Code defines "legal dependent" in Section 105(b) as:

- Any child (natural born child, stepchild or foster child) of the taxpayer who, as of the end of the taxable year, has not attained age 27;
- A child (as defined above), brother, sister, stepbrother, stepsister, parent, any of the above referenced relations via marriage, stepparent, grandchild, grandparent, aunt, uncle, or cousin of the participant for whom the participant provides over one-half of the individual's support for the taxable year, and who is not a qualifying child of any other taxpayer during the taxable year; or
- Any other individual who resides with the participant in the participant's principal residence and is a member of the participant's household, for whom the participant provides over one-half of the

individual's support for the taxable year, and who is not a qualifying child of any other taxpayer during the taxable year.

Please contact MERS if you have a non-child dependent, as special rules may apply.

3. Beneficiary information

At the time of your death, if you have no spouse or legal dependent(s), or in the event of the death of your spouse or legal dependent(s), a primary and contingent beneficiary can be named. A beneficiary must be an individual and not your estate or trust. You may view your beneficiary information by logging into your myMERS account at www.mersofmich.com.

Primary Beneficiary(ies) – In the event of your death and there is no spouse or legal dependant(s), a Primary Beneficiary may use the account for taxable medical expense reimbursements.

Contingent Beneficiary(ies) – In the event of your death and there is no Primary Beneficiary or after the death of your Primary Beneficiary, a Contingent Beneficiary may use the account for taxable medical expense reimbursements.

4. Required signature*

Your signature acknowledges that you have read and agree to the terms of this agreement. Your signature voids all prior designations beneficiaries.

You can submit this form online! 

If you already have a myMERS account, you can also upload this form online. Look for the **File Upload** feature to easily and securely submit completed forms.

You may also mail completed form to MERS' recordkeeper at:

Alerus Retirement Solutions
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St. Paul, MN 55164