

Beneficiary Designation

If you already have beneficiary designations listed on your account, by submitting this form we understand you intend to replace your existing designations with the individual(s) listed below. To view and update your most current beneficiary designations online, log in at veba.org, click **My Profile** on the menu bar, and then click the **Beneficiaries** tab. You can update this information at any time.

ⓘ Important Information About Designating Beneficiaries

If you pass away with a surviving spouse, remaining funds in your account will be transferred to your surviving spouse. Your surviving spouse can use the account to reimburse qualified medical care expenses incurred by:

- You, prior to your passing;
- Your surviving spouse; and
- Any of your other surviving dependents.

After you and your spouse have passed away, remaining funds will be transferred in equal shares to your surviving dependents and non-dependent children, if any remain.

If you have no surviving dependents or non-dependent children after you and your spouse have passed away, any remaining balance may be transferred, in equal shares, to your designated beneficiaries, or if no designated beneficiaries survive or can be located, then to certain of your heirs according to Plan rules.

Read our **Survivor Benefits** handout to learn more about the progression of benefits after death. To get a current copy, log in at veba.org and click **Resources** on the menu bar.

Please note the following:

1. **Do not designate your spouse or any of your qualified dependents or non-dependent children as beneficiaries.** These individuals will have continued rights to any remaining account balance after your death. Name one or more beneficiaries other than your spouse, qualified dependents, or non-dependent children.
2. If you name more than one beneficiary, your remaining account balance will be split equally among your designated beneficiaries.
3. After you and your spouse have passed away, your remaining balance will transfer only once in equal shares to the first eligible group of survivors in the following order of priority:
 - All of your adult and minor children and other qualified dependents, if any
 - Designated beneficiaries, if any
 - Certain of your heirs according to Plan rules, if any
4. **Coverage for designated beneficiaries and all other non-dependent survivors is taxable.**
5. You should review your named beneficiaries at least annually or as your circumstances change.
6. You can update or delete your beneficiary designations at any time.

To view the above in a visual form, see our **Progression of Benefits After Death** flow chart. Log in at veba.org and click **Resources** on the menu bar to get a current copy.

Complete Beneficiary Designation on reverse ►►

QUESTIONS? 1-888-828-4953 | customercare@veba.org | veba.org

Beneficiary Designation

Use this form to **designate a beneficiary or beneficiaries** on your **VEBA Plan account**.



Submit this form to: forms@veba.org | VEBA Plan, PO Box 80587, Seattle, WA 98108

1 CERTIFICATIONS: READ BEFORE SUBMITTING

By completing and submitting this form, you agree to the **Terms and Conditions**, as amended from time to time, which can be found in the **Plan Summary**. To get a current copy of the Plan Summary, log in at veba.org and click **Resources** on the menu bar or contact our Customer Care Center at customer care@veba.org or 1-888-828-4953.

2 PARTICIPANT ACCOUNT AND CONTACT INFORMATION

ACCOUNT NUMBER or SSN	DATE OF BIRTH mm / dd / yyyy		
LAST NAME	FIRST NAME	M.I.	
MAILING ADDRESS	CITY	STATE	ZIP
AREA CODE and PHONE NUMBER	EMAIL ADDRESS (use home or personal email address)		

3 BENEFICIARY DESIGNATIONS

Your designated beneficiaries may be entitled to any remaining balance from your HRA account under certain circumstances described on the reverse side of this form.

To designate a beneficiary, enter the required information below. In order to ensure we are able to locate your designated beneficiaries, it is important that all of the information requested below is complete and accurate.

If you wish to add more beneficiaries than the space provided below, please provide the required information on a separate sheet of paper. **If you name more than one beneficiary, your account will be split equally among all of your locatable beneficiaries.**

Beneficiary's Full Legal Name and Information

LAST NAME	FIRST NAME	M.I.	
SOCIAL SECURITY NUMBER	DATE OF BIRTH mm / dd / yyyy		
MAILING ADDRESS	CITY	STATE	ZIP
AREA CODE and PHONE NUMBER	EMAIL ADDRESS (use home or personal email address)	RELATIONSHIP	

Beneficiary's Full Legal Name and Information

LAST NAME	FIRST NAME	M.I.	
SOCIAL SECURITY NUMBER	DATE OF BIRTH mm / dd / yyyy		
MAILING ADDRESS	CITY	STATE	ZIP
AREA CODE and PHONE NUMBER	EMAIL ADDRESS (use home or personal email address)	RELATIONSHIP	