

# HEALTH SAVINGS ACCOUNT (HSA) DEATH BENEFICIARY REQUEST

Voya Benefits Company, LLC  
A member of the Voya® family of companies  
Customer Service: PO Box 929, Manchester, NH 03105  
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Health Account Solutions, including Health Savings Accounts, Flexible Spending Accounts, Commuter Benefits, Health Reimbursement Arrangements, and COBRA Administration offered by Voya Benefits Company, LLC (in New York, doing business as Voya BC, LLC). HSA custodial services provided by WEX Inc. For all other products, administration services provided in part by WEX Health, Inc.

## STEP 1: HSA ACCOUNT HOLDER INFORMATION

Consumer Name (Required) (First) \_\_\_\_\_ (Last) \_\_\_\_\_  
Employer Name (If sponsored by an employer plan.) (Required) \_\_\_\_\_  
Birth Date (mm/dd/yyyy) (Required) \_\_\_\_\_ Social Security Number (SSN) (Required) (Last 4 digits only.) \_\_\_\_\_  
Daytime Phone (Required) (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_  
Permanent Address (Required) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

## STEP 2: DEATH BENEFICIARY(IES) (Beneficiary(ies) may also be added and updated within your online portal. Select one.)

- ☐ **New Death Beneficiary(ies):** The following individual(s) or entity shall be my primary and/or contingent death beneficiary(ies). **If neither primary nor contingent is indicated, the individual or entity will be deemed to be a primary death beneficiary.**
- ☐ **Replace Death Beneficiary(ies):** I designate the individual(s) or entity named below as my primary and/or contingent death beneficiary(ies) of this HSA and hereby revoke all prior death beneficiary(ies) designations, if any, made by me.
- ☐ **Add Death Beneficiary(ies):** I designate the individual(s) or entity named below as my primary and/or contingent death beneficiary(ies) of this HSA. This list supplements, but does not replace, the death beneficiary(ies) previously designated by me on the date specified.

**Note:** When adding death beneficiaries, if the share % of previously designated death beneficiary(ies) changes, restate all death beneficiaries and the corresponding share % if the previous percentages are no longer correct.

**If neither primary nor contingent is indicated, the individual or entity will be deemed to be a primary death beneficiary.** If any primary or contingent death beneficiary dies before me, his or her interest and the interest of his or her heirs shall terminate completely, and the percentage share of any remaining death beneficiary(ies) shall be increased on a pro rata basis. If more than one primary death beneficiary is designated and no distribution percentages are indicated, the death beneficiaries will be deemed to own equal share percentages in the HSA. Multiple contingent death beneficiaries with no share percentage indicated will also be deemed to share equally. If no primary death beneficiary(ies) survives me, the contingent death beneficiary(ies) shall acquire the designated share of my HSA. If you designate your spouse as primary death beneficiary or contingent death beneficiary of the HSA, the dissolution, termination, annulment or other legal termination of your marriage will automatically revoke such designation.

**Share percentages must be whole numbers. Share percentages must equal 100% for primary and 100% for contingent.**

	Name (First, Last) (Required)	Birth Date (mm/dd/yyyy) (Required)	SSN/TIN (Required)	Relationship (Required)	% (Required)	Beneficiary Type (Required)
1						<input type="checkbox"/> Primary
	Address (Required)					<input type="checkbox"/> Contingent
2						<input type="checkbox"/> Primary
	Address					<input type="checkbox"/> Contingent
3						<input type="checkbox"/> Primary
	Address					<input type="checkbox"/> Contingent

**STEP 3: MARITAL STATUS / HSA ACCOUNT HOLDER AUTHORIZATION**

- ☐ I Am Not Married - I understand that if I become married in the future, I must complete a new HSA Death Beneficiary Request.
- ☐ I Am Married - I understand that if I choose to designate a primary death beneficiary other than my spouse, my spouse must sign below.

I am the spouse of the above named HSA Account Holder. I acknowledge that I have received a fair and reasonable disclosure of my spouse’s property and financial obligations. Due to the important tax consequences of giving up my interest in this HSA, I have been advised to see a tax professional. I hereby give the HSA Beneficiary any interest I have in the funds or property deposited in this HSA and consent to the death beneficiary designation(s) indicated above. I assume full responsibility for any adverse consequences that may result. No tax or legal advice was given to me by Voya Financial.

 Consumer Signature *(Required)* \_\_\_\_\_ Date *(Required)* \_\_\_\_\_

 Spouse Signature *(Required, if applicable.)* \_\_\_\_\_ Date \_\_\_\_\_

**Complete, sign and mail this form to: Voya Financial, PO Box 929, Manchester, NH 03105 or fax to: 855-370-0670.**

**Questions? Call Customer Service at 833-232-4673 (Live customer support 24x7).**