



MERS HEALTH CARE SAVINGS PROGRAM
ENROLLMENT & BENEFICIARY DESIGNATION FORM

Member's Information		
Member Name (First) (MI) (Last)		
Street Address	City, State and Zip Code	Daytime Phone Number ()
E-mail Address		Date of Birth
Social Security Number	Employer's Name	Date of Hire

Spouse and Legal Dependent(s)* Information

In the event of your death, your spouse and/or legal dependent(s) may continue to use your HCSP account for the reimbursement of medical expenses as defined by the Internal Revenue Code Section 213. The definition of a Legal Dependent* is controlled by the Internal Revenue Code Section 152. See page 2 for additional information.

Relationship	Name	Social Security Number
Spouse		
Dependent		
Dependent		
Dependent		

Beneficiary Information

In the event of your death and with no spouse or legal dependent(s), or in the event of the death of your spouse or legal dependent(s), a named beneficiary may be reimbursed for their medical expenses after tax.

You may name only individuals as your primary and contingent beneficiary. Do not name your estate or trust, as these entities are not able to use the account for medical expense reimbursement. If you do not designate a beneficiary and are without a spouse and/or legal dependents, your account balance will revert to your employer's trust in the event of your death.

Primary Beneficiary – Please do NOT name your spouse, legal dependents or estate.		
Name (First) (MI) (Last)		Social Security Number
Street Address	City, State and Zip Code	E-mail Address
Relationship to Member		Phone Number
Contingent Beneficiary – Please do NOT name your spouse, legal dependents or estate.		
Name (First) (MI) (Last)		Social Security Number
Street Address	City, State and Zip Code	E-mail Address
Relationship to Member		Phone Number

I DECLARE THE ABOVE STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE.

Signature of Member	Date
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Legal Dependent means either a *Qualifying Child* or a *Qualifying Relative* as defined by the IRS

There are four tests that must be met for a child to be your *Qualifying Child*:

1. Relationship Test

- Your son, daughter, stepchild, legally adopted child, eligible foster child, or a descendant (for example, your grandchild) of any of them, **or**
- Your brother, sister, half-brother, half-sister, stepbrother, stepsister, or a descendant (for example, your niece or nephew) of any of them

2. Age Test

- Under age 19 at the end of the year
- A full-time student under age 24 at the end of the year, **or**
- Permanently and totally disabled at any time during the year, regardless of age

3. Residency Test

Your child must have lived with you for more than half of the year. There are exceptions for temporary absences, children who were born or died during the year, kidnapped children, and children of divorced or separated parents.

4. Support Test

The child cannot have provided more than half of his or her own support for the year

There are three tests that must be met for a person to be your *Qualifying Relative*:

1. Not a Qualifying Child Test

A child is not your qualifying relative if the child is your qualifying child or the qualifying child of anyone else

2. Member of Household or Relationship Test

- Lives with you all year as a member of your household, **or**
- Be related to you in one of the following ways:
 - Your child, stepchild, legally adopted child, eligible foster child, or a descendant of any of them (for example, your grandchild)
 - Your brother, sister, half-brother, half-sister, stepbrother, or stepsister
 - Your father, mother, grandparent, or other direct ancestor, but not foster parent
 - Your stepfather or stepmother
 - A son or daughter of your brother or sister
 - A brother or sister of your father or mother
 - Your son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, or sister-in-law

3. Support Test

Generally, you must provide more than half of a person's total support during the calendar year