

## Municipal Employees' Retirement System of Michigan 800.767.MERS (6377) www.mersofmich.com

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	y Designation	n Form – He	alth Car	e Savin	gs Pro	ogram
Please print clearly • See attached guide to	- 17	your records * Req	uired field			
1. Information about you	ı					
Last name*	First na	me*	Social	Security Numl	per* F	Phone number (with area code
Name of employer*	I		I Municipality numb	er (4 digits)*	Plan numb	per (6 digits)*
2. Spouse information						
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# 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 <a href="https://www.mersofmich.com">www.mersofmich.com</a> 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 P.O. Box 64535 St. Paul, MN 55164