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A division of Educators Financial Services, Inc.

Health Reimbursement Arrangement Beneficiary Designation Form

Name: _____ **SSN:** _____

Employer: _____

List Spouse and Legal Dependents*

Name	Date of Birth (mm/dd/yyyy)	Relationship	Social Security Number

*Internal Revenue Service Revenue Ruling 2006-36 does not allow for the designation of a non-dependent beneficiary to be made for a Health Reimbursement Arrangement. Funds that have not been exhausted by eligible participants and/or beneficiaries will be returned to the sponsoring employer. Legal dependent is defined in Internal Revenue Code, section 152.

 Signature

 Date