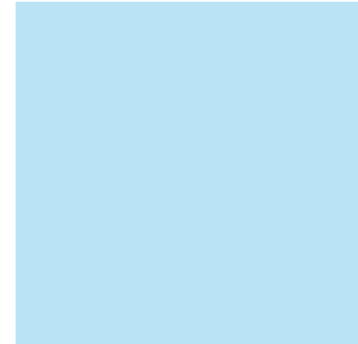


**HOW TO
ADD OR CHANGE
YOUR BENEFICIARY
&
THE HSA EMPLOYEE
CONTRIBUTION EVENT**

for

**BASIC LIFE INSURANCE *and*
HSA BANK HEALTH SAVINGS
ACCOUNTS**





Plans

Plan Information &
Contacts



Resources

Forms, How-To & New
Hire Information



Meetings & Events

Board Information &
Member Workshops



Contact Us

Have a question? We're
here to help.

Click Login to get to
the E-PEBP Portal

For optimized use please use
Internet Explorer or Safari

Explore Your Benefits

Access information about your benefits and
view documents related to your plan.

Find a Provider

Search provider directories by plan for in-
network medical and dental providers.

<https://pebp.state.nv.us>

What's New

Quick Tips

MEDICAL

Consumer Driven Health Plan w/H.S.A.

Policy #

ID

Who is covered

Access

Access Express Scripts
Access HealthScope
Access Healthcare Bluebook

Quick Actions

MY BENEFITS

\$

YOUR MONTHLY COST

Quick Actions

View My Elections

Enroll / Make Changes

View My Required Documents

Upload My Document

PEBP+ Voluntary Benefits



We offer a variety of supplemental benefits such as auto & home insurance, life insurance, critical illness insurance, pet protection and more. Shop PEBP+ to explore the products and special rates offered to you.

\$

Premium Deductions

View my voluntary benefits

Shop PEBP+

Please note, screen may appear slightly different based on your plan selections and benefit options.

Enroll & Make Changes

UPDATE YOUR COVERAGE

To make changes to your current selections and/or personal information, choose the applicable link from the table. In some cases, you may need to make your changes within a certain time period.

EVENTS

Description	Eligibility Period	Actions
Life Event		
Adoption	60 days of the event date	Start >
Birth	60 days of the event date	Start >
Divorce	60 days of the event date	Start >
Establish Domestic Partner	30 days before and 60 days after the event date	Start >
Marriage	30 days before and 60 days after the event date	Start >
Medicare eligibility changes	35 days before and 60 days after the event date	Start >
Dependent Dies	60 days of the event date	Start >
Dependent Gains Coverage	60 days before and 60 days after the event date	Start >
Dependent Loses Coverage	60 days before and 60 days after the event date	Start >
Terminate Domestic Partner	60 days of the event date	Start >
Any Time Change		
Change beneficiary designation	n/a	Start >
Voluntary Benefit Change	n/a	Start >



 [View my election history](#)

CHANGE BENEFICIARY DESIGNATION



Beneficiaries



Complete your Enrollment

Beneficiaries

Your primary beneficiary(ies) will receive the proceeds payable from each applicable plan in the event of your death. If your primary beneficiary(ies) pass-away before you, the proceeds payable for each applicable plan would be paid to your contingent beneficiary(ies), or to your designated estate.

☐ Display contingent allocations ?

	Health Savings Account	Basic and Voluntary Employee Life
Designated beneficiary(ies)	Primary	Primary
Total	0%	0%

Actions

Add a Beneficiary

- ☐ Add a new beneficiary
- ☐ Choose a family member
- ☐ Designate your estate

Next

Beneficiaries

Your primary beneficiary(ies) will receive the proceeds payable from each applicable plan in the event of your death. If your primary beneficiary(ies) pass-away before you, the proceeds payable for each applicable plan would be paid to your contingent beneficiary(ies), or to your designated estate.

☒ Display contingent allocations ?

		Health Savings Account		Basic and Voluntary Employee Life	
Designated beneficiary(ies)		Primary	Contingent	Primary	Contingent
Jacob Smith Parent	Edit Delete	40 %	0 %	40 %	0 %
Josh Smith Brother	Edit Delete	0 %	100 %	0 %	100 %
Jane Smith Sister	Edit Delete	60 %	0 %	60 %	0 %
Total		100%	100%	100%	100%

Actions

Want to Add
A Contingent?

Click on *Display
contingent allocations*

< Previous

Be sure to review your information, then select "Next" on the bottom right of the page →

Next >

Once everything is finalized, agree to the terms and conditions and then select “Complete Enrollment”

Beneficiaries

Beneficiaries	Health Savings Account	Basic and Voluntary Employee Life
Primary		
NAME OF BENEFICIARY(S) YOU SELECTED	☆ 100%	100%
Contingent		
None		

Terms and Conditions

I have read, understand and agree to the Terms and Conditions related to the Health Savings Account. I have read, understand and agree to the Custodial Agreement and Disclosure related to the Health Savings Account. I understand I am applying to PEBP for coverage for myself, my spouse and/or my dependents, if any, as shown on this form. If electing dependent coverage, I also understand that I am required to supply copies of certified birth certificate(s), marriage certificate, and other related documentation as determined by PEBP, for coverage to become effective. My spouse or domestic partner, if any, is not eligible to participate in any employer provided medical plan maintained by the spouse or domestic partner's current employer. I understand that any misstatements on this form may be used as a basis for rescission of insurance for me and my dependents, if any, from the original effective date. I further understand that if the insurance applied for becomes effective, I will be subject to all the terms of the PEBP Master Plan Document. I hereby authorize my employer, payroll provider or PERS to deduct any required contributions from my check, if applicable, for the coverage I have selected. I acknowledge that I am responsible for any federal

[Read full terms and conditions](#) (+)



I agree to the Terms and Conditions

FIRST

[Back](#)

NEXT

Complete Enrollment

Enrollment Confirmed

Event type: **Change beneficiary designation |**

[Download my Enrollment Summary](#)

PEBP+ Advantage

We offer a variety of supplemental benefits such as auto & home insurance, life insurance, critical illness insurance, pet protection and more. Shop voluntary benefits and take advantage of special rates offered to you.

[Shop PEBP+](#)

[Take me home](#)

See the next slide to complete the HSA beneficiary designation.

HSA Bank Beneficiary Designation for Health Savings Accounts




- You must still update your beneficiaries with HSA Bank using the [HSA Designation of Beneficiary Form](#).
- Please complete, sign, and mail this form to:

HSA Bank
PO Box 939
Sheboygan, WI 53082

Or email it to: hsaforms@hsabank.com

Your beneficiary designation will not be complete until HSA Bank receives your completed and signed form.



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HSA Designation of Beneficiary Form

Please complete, sign, and mail this form to: HSA Bank, P.O. Box 939, Sheboygan, WI 53082 or email it to hsaforms@hsabank.com.
Valid Social Security numbers must be on file for your designated beneficiary(ies) in order to process them.

Required*

Step 1: Accountholder Information

*Employer Name (If sponsored by an employer plan):	Accountholder Name (First, MI, Last):
*Date of Birth:	*Day Telephone:
*Full 9-digit Social Security Number: - - - - - - - - -	

Step 2: Designation of Beneficiary(ies)

☐ **New Beneficiary(ies)** – The following individual(s) or entity shall be my primary and/or contingent beneficiary(ies). If neither primary nor contingent is indicated, the individual or entity will be deemed to be a primary beneficiary.

☐ **Replace Beneficiary(ies)** – I designate the individual(s) or entity named below as my primary and/or contingent beneficiary(ies) of this HSA and hereby revoke all prior beneficiary(ies) designations, if any, made by me.

☐ **Add Beneficiary(ies)** – I designate the individual(s) or entity named below as my primary and/or contingent beneficiary(ies) of this HSA. This list supplements, but does not replace, the beneficiary(ies) previously designated by me on the date specified.

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

Name and Address (or of Trust and Trustee)	Date of Birth (mm/dd/yyyy) (creation date, if Trust)	Social Security Number (TIN, if Trust)	Relationship	Primary or Contingent	Share % (Must be a whole number)
				<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	%
				<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	%
				<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	%
				<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	%

Step 3: Marital Status

☐ I Am Not Married – I understand that if I become married in the future, I must complete a new HSA Designation of Beneficiary Form.

☐ I Am Married – I understand that if I choose to designate a primary beneficiary other than my spouse, my spouse must sign below.

I am the spouse of the above-named Accountholder. 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 that I have in the funds or property deposited in this HSA and consent to the 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 HSA Bank.

*Spouse Signature:	*Date:	*Signature of Witness:	*Date:
		(Required. Cannot be spouse. Must be 18 or older.)	
*Accountholder Signature:	*Date:	*Signature of Witness:	*Date:
		(Required. Cannot be spouse. Must be 18 or older.)	

Complete the following only if designating a primary beneficiary other than your spouse.

State of _____ County of _____

On this, the _____ day of _____, 20____, before me, a notary public, the undersigned officer, personally appeared _____
the spouse of the above named accountholder, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that he/she executed the same for purposes therein contained.

In witness hereof, I hereunto set my hand and official seal.

Notary Public: _____

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Plan Administrative Services and Benefit Services are administered by Webster Servicing LLC.

HSA_Designation_of_Beneficiary_Form_030522



Employee HSA Contribution Change Event for Active Employees Enrolled in the CDHP with HSA

Event Instructions Outline:

1. From the portal homepage, select the Quick Actions link on the Medical Widget/Benefit Card
2. Then select Enroll or make Changes
3. Under Anytime Change, select *EE HSA Contribution Change*
4. Enrollment is complete when you see “Enrollment Confirmed”

Please Note:

- Once your beneficiary designation has been completed in your PEBP portal, you will be able to complete the anytime employee HSA contribution event. If you try to complete this event without beneficiaries on file, the event will error out.
- Contribution amounts are deducted from the second check of the month. Adjustments made anytime during the month will be applied to the payroll deduction the following month. Contributions will show in your HSA Bank account after the file from Central Payroll is received and the actual funds have been received at HSA Bank.
- Maximum contribution amounts for 2023 are \$3,850 for self-only and \$7,750 for families. For 2024, the amounts are \$4,150 and \$8,300, respectively. The annual “catch-up” contribution amount for individuals aged 55 or older is an additional \$1,000 over the contribution limit. These amounts include any employer contributions.

Employee HSA Contribution Change Event

1. From the homepage, select the Quick Actions link on the Medical Widget/Benefit Card

Home

MY TOOLS

MEDICAL

Policy #

ID

Who is covered

Access

[Access Express Scripts](#)
[Access UMR](#)

[Quick Actions](#)

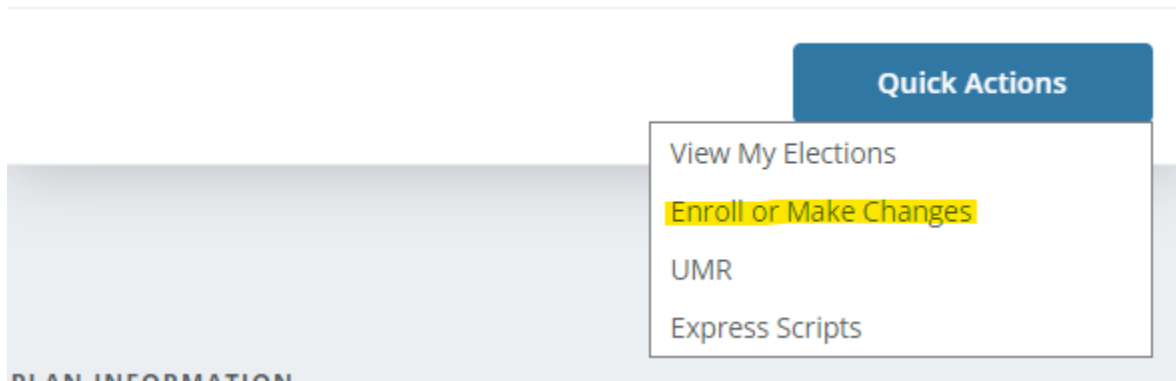
MY BENEFITS

YOUR MONTHLY COST

[Quick Actions](#)

Employee HSA Contribution Change Event

2. Then select Enroll or make Changes
3. Under Anytime Change, select *EE HSA Contribution Change*



Any Time Change		
Change beneficiary designation	n/a	Start >
EE HSA Contribution Change	n/a	Start >
Voluntary Benefit Change	n/a	Start >

Employee HSA Contribution Change Event

Notice

This event is only available for members who are eligible to participate in the HSA plan, and will not work if you are enrolled in any other health plan.

If you have not designated a beneficiary, please run the Change Beneficiary Designation before changing your HSA contribution.

Please note that if you change your HSA contribution amount today, your change will be applied to your next applicable pay cycle.

Cancel

Continue

Please note: the amount you enter for this benefit is the total contribution you will make until the end of the plan year (June 30th). For example, for someone who starts contributing effective April 1st and chooses \$900, \$300 will be deducted from each paycheck month remaining in the remainder of the plan year (July 1st-June 30th).

Important information

Participant Health Savings Account Contribution

Please note: the amount you enter for this benefit is the total contribution you will make until the end of the plan year (June 30th). For example, for someone who starts contributing effective April 1st and chooses \$900, \$300 will be deducted from each paycheck month remaining in the remainder of the plan year (July 1st-June 30th).

Health Savings Account (HSA)

Take advantage of benefits below to pay for your medical expenses in a tax efficient way. Your plan provides you a VISA card with money on it to be used to pay for qualified medical expenses like copays, prescription drugs, and other out-of-pocket costs. If you are eligible for a HSA (not an HRA), you can contribute pre-tax dollars from your paycheck to help you save for medical care now and in the future. Click on "Learn More" to learn details of both account types.

PEBP Health Savings Account Contribution

\$0

per month

\$600.00
TOTAL

Learn More

Participant Health Savings Account Contribution

Annual Contribution


\$0.00
TOTAL

Learn More

Back to top

Your monthly cost:
\$0.00

Employer cost:
\$600.00

 See all benefits and costs

Next

Employee HSA Contribution Change Event

4. Enrollment is complete when you see “Enrollment Confirmed”

EE HSA Contribution Change - August 30, 2022

Complete Enrollment

Below is a summary of your benefit selections. Take a moment to review your choices below before completing your enrollment.



Important information

- Participant Health Savings Account Contribution

Please note: the amount you enter for this benefit is the total contribution you will make until the end of the plan year (June 30th). For example, for someone who starts contributing effective April 1st and chooses \$900, \$300 will be deducted from each paycheck month remaining in the remainder of the plan year (July 1-June 30).

- You will have to print and sign a Beneficiary Designation Form and return it to the Benefits Administrator.

Your coverage

All benefits are effective as of August 30, 2022 unless otherwise noted in the table below. If your elected coverage requires additional verification, it will be updated once approved.

Benefit	Coverage Options	Coverage Details	Cost
HSA			
Health Savings Account (HSA)			
	PEBP Health Savings Account Contribution	\$600.00	-
	Participant Health Savings Account Contribution ⓘ	Your Contribution Amount Here	-
		Total	

Employee HSA Contribution Change Event

Notes

- Please note: the amount you enter for this benefit is the total contribution you will make until the end of the plan year (June 30th). For example, for someone who starts contributing effective April 1st and chooses \$900, \$300 will be deducted from each paycheck month remaining in the remainder of the plan year (July 1-June 30).

Terms and Conditions

I have read, understand and agree to the Terms and Conditions related to the Health Savings Account.
I have read, understand and agree to the Custodial Agreement and Disclosure related to the Health Savings Account.
I understand I am applying to PEBP for coverage for myself, my spouse and/or my dependents, if any, as shown on this form. If electing dependent coverage, I also understand that I am required to supply copies of certified birth certificate(s), marriage certificate, and other related documentation as determined by PEBP, for coverage to become effective. My spouse or domestic partner, if any, is not eligible to participate in any employer provided medical plan maintained by the spouse or domestic partner's current employer. I understand that any misstatements on this form may be used as a basis for rescission of insurance for me and my dependents, if any, from the original effective date. I further understand that if the insurance applied for becomes effective, I will be subject to all the terms of the PEBP Master Plan Document. I hereby authorize

[Read full terms and conditions](#)

☒ I agree to the Terms and Conditions

[Go back and make changes](#)

[Complete Enrollment](#)

Click on the box for “I agree to the Terms and Conditions” and then click the green Complete Enrollment button. Enrollment is complete when you see Enrollment Confirmed.

Enrollment Confirmed

Event EE HSA Contribution Change | August 30,
type: 2022

[View my Enrollment Summary](#)



PEBP+ Voluntary Benefits

Get coverage for unexpected health events. Available for a limited time

- Vision Care: Save on eyewear, and contact lenses while receiving access to quality eye care.
- Critical Illness Insurance: This program can help cover unforeseen expenses like childcare or co-pays.
- Accident Insurance: Helps with out-of-pocket expenses from an unexpected injury.
- Legal Plan: Covers legal issues affecting most life events.
- Hospital Indemnity Insurance: A hospital stay can be expensive. Be ready for costs not

