

**BENEFICIARY
DESIGNATION
&
THE HSA EMPLOYEE
CONTRIBUTION
CHANGE EVENT**

for

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



775-684-7000

702-486-3100

or 1-800-326-5496

<https://pebp.nv.gov>



Accessing Your E-PEBP Portal



Nevada Public Employees' Benefits Program



<https://pebp.nv.gov>



E-PEBP Portal

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Basic Life Insurance Beneficiary Designation

Event Instructions Outline:

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

Please Note:

- Beneficiary designation is for PEBP’s basic life insurance.
- Voluntary life insurance (VLI) through the PEBP+ Voluntary Benefits with Corestream has a separate beneficiary designation. To make changes to your VLI beneficiary designation:

Log into your [PEBP Portal – PEBP+ Voluntary Benefits](#)

Call Corestream Customer Care at 1-775-249-0716

Email Corestream at pebpcustomer@corestream.com

Basic Life Insurance Beneficiary Designation

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PEBP+ VOLUNTARY BENEFITS

[Learn More & Enroll](#)

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

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 >](#)

EE HSA Contribution Change n/a [Start >](#)

Voluntary Benefit Change n/a [Start >](#)

 [View my election history](#)



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.

Contingent - Optional*

Designated beneficiary(ies)	Basic and Voluntary Employee Life	
	Primary	Contingent*
Edit	100%	0%
Edit	0%	50%
Edit	0%	50%
Add a Beneficiary		
Total	100%	100%

Edit and review your information, then select “Next” on the bottom right of the page →

Beneficiaries

Beneficiaries	Basic and Voluntary Employee Life
Primary	100%
Contingent*	50%
	50%

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

FIRST

[Go back and make changes](#)

NEXT

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 Change beneficiary designation | August 30,
type: 2022

[View my Enrollment Summary](#)



HSA Bank Beneficiary Designation for Health Savings Accounts




- Consumer Driven Health Plan with HSA account holders must still update 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: <small>(Required. Cannot be spouse. Must be 18 or older.)</small>	*Date:
*Accountholder Signature:	*Date:	*Signature of Witness: <small>(Required. Cannot be spouse. Must be 18 or older.)</small>	*Date:

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 not process.
- Adjustments made any time during the month will be applied to the payroll deduction the following month. Funds will show in member’s HSA Bank account an average of 72 hours, or longer depending on weekends and holidays, after the payroll date in which it was deducted.
- Maximum contribution amounts are determined by the Internal Revenue Service and are subject to change from one calendar year to the next. Maximum contributions amounts include employer contributions.

Employee HSA Contribution Change Event

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

Home

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Who is covered

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

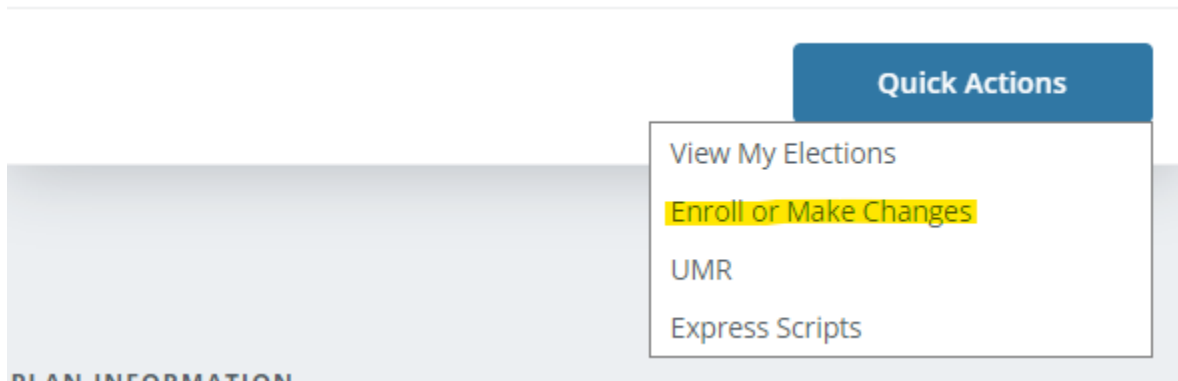
Quick Actions

MY BENEFITS

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 over the next 12 months. For example, for someone who completes the event in April and chooses \$900, \$75 will be deducted from each month for the next calendar year (May 1- April 30).

Contribution changes are applied the following month after the event is completed. Events completed in April will be effective in May. When entering your contribution amount, please factor in the annual employer contribution made by the State. It is the member's responsibility to keep track of contributions and adjust as needed.

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

Next >

[See all benefits and costs](#)

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

