

## BENEFICIARY TRANSFER FORM

Name Of Primary Plan Holder	HMA Member ID Number
Name Of Spouse Listed As Dependent (If Applicable)	Primary Date Of Birth (MM / DD / YYYY) 
Primary Address	Primary Phone Number - -

### HMA<sup>®</sup> BENEFICIARY: Person Who Will Receive 1/3 Of Your Remaining HMA<sup>®</sup> Medical Benefits Upon Your Death

Name	Date Of Birth (MM / DD / YYYY) 
Address	Relationship To Insured
Email Address	Phone Number - -

### HMA<sup>®</sup> BENEFICIARY RULES

The purpose of designating a beneficiary for your HMA<sup>®</sup> plan is to instruct Health Matching Account Services, Inc. (HMAS<sup>®</sup>) exactly how you wish the remaining medical benefits from your HMA<sup>®</sup> plan transferred upon your death.

**PRIMARY BENEFICIARY:** Person to receive the remaining HMA<sup>®</sup> medical benefits upon the death of the primary plan holder. The primary plan holder may not designate their spouse as beneficiary. When the primary plan holder dies, the remaining HMA<sup>®</sup> medical benefits will be transferred in full to the surviving legally married spouse who is the secondary plan holder if they are listed and covered under the existing plan and if they continue to make the required monthly payments. Only a legally married spouse can be transferred the full HMA<sup>®</sup> plan medical benefits. If legally married spouses have separate individual plans, they cannot list each other as beneficiaries, and they cannot list the same beneficiary.

If both spouses are deceased, 1/3 of the remaining medical benefits can be transferred to one (1) designated beneficiary over the age of 18 by the primary plan holder if they complete and submit to HMAS<sup>®</sup> this "HMA<sup>®</sup> Beneficiary Transfer Form" and appoint a designated beneficiary before they die and the designated beneficiary continues to make the required monthly payments. If the primary plan holder is single and does not have a legally married spouse, 1/3 of the remaining medical benefits can be transferred to one designated beneficiary over the age of 18 by the primary plan holder if they complete and submit to HMA<sup>®</sup> Services the "HMA<sup>®</sup> Beneficiary Transfer Form" located in the Resources section of the member portal and appoint a designated beneficiary before they die.

If the current beneficiary dies while the primary plan holder is living, the primary plan holder will be permitted to appoint and switch to a new beneficiary as long as the primary plan holder does so before they die. The designated beneficiary is not required to assume the plan but must notify HMAS<sup>®</sup> of their intention to assume ownership of the plan within 60 days of the death of the primary plan holder and must continue to make the required HMA<sup>®</sup> monthly contribution payments in order to keep their plan in force.

If the beneficiary does choose to assume ownership of the plan, they are not permitted to scale down to a lower monthly contribution plan than what the deceased primary plan holder was on for two years after they inherit it and begin to make monthly contributions (Ex: If you are on the HMA<sup>®</sup> 20000 plan with a current medical benefit of \$18,000 at the time of your death, your designated beneficiary would assume \$6,000 in medical benefits and must continue to pay the required monthly contribution into their HMA<sup>®</sup> 20000 plan for at least 24 months before they would be permitted to scale down to a lower HMA<sup>®</sup> plan level). However, the designated beneficiary is permitted to scale up to a higher monthly contribution plan at any time.

The HMA<sup>®</sup> is designed exclusively for medical benefits. Therefore, there is no cash value associated with the HMA<sup>®</sup> plan. The HMA<sup>®</sup> must be exclusively used for the payment or reimbursement of HMA<sup>®</sup> eligible medical expenses.

**EXAMPLES OF CORRECT BENEFICIARY DESIGNATIONS:** • William Jones – Friend • Lisa Smith – Child • David Roth – Grand Son  
Full given names of each beneficiary must be clearly stated along with their date of birth, home address, email address and phone number.

### ADDITIONAL GUIDELINES FOR DESIGNATION OF HMA<sup>®</sup> BENEFICIARY

**General** You **must** include your Name, HMA<sup>®</sup> Member ID number, Date of Birth and spouse (if applicable)

**Minors** You may **not** designate anyone under the age of 18 as beneficiary

**Trust as Beneficiary** You may **not** designate a trust as beneficiary

Signature Of Primary Account Holder	Date Signed (MM / DD / YYYY) 
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### HEALTH MATCHING ACCOUNT SERVICES, INC.

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

The HMA<sup>®</sup> is not health insurance.

The HMA<sup>®</sup> Medical Reimbursement Visa<sup>®</sup>  
Prepaid Commercial Credit Cards are issued by Celtic Bank.