



# HSA Beneficiary Change Spousal Consent Form Health Savings Account (HSA)

## INSTRUCTIONS

Use this form to designate or change your beneficiary. If you are married in common law or in a community property or marital property state, you must designate your spouse as your Primary Beneficiary. If you wish to designate someone other than your spouse, your spouse must agree by signing in the Spousal Consent section. Your spouse's signature must be notarized.

Submit this completed form via one of the following methods:	Online Support Request	Fax	Mail
	Log onto your online account at <a href="https://cda.basiconline.com/">https://cda.basiconline.com/</a> and attach the completed form via Support Request	(269) 327-0716	BASIC, PO Box 6278 Monona, WI 53716

For questions, please call BASIC Customer Care at 800-372-3539 with your Benefits ID (12 digit) available.

## EMPLOYER INFORMATION

Client/Employer Name:		Client/Employer ID #:	
Division: (If applicable)			

## ACCOUNTHOLDER INFORMATION

First Name:		MI:		Last Name:		
Benefits ID: (12 digit)			Email Address:			
Date of Birth:			Social Security Number:			
Primary Phone #:			Mobile Phone #:			
Primary Address:	Address Line 1:				Apt:	
	Address Line 2:					
	City:					
	State:		Zip/Postal Code:		+4	

## BENEFICIARY DESIGNATION INFORMATION

I designate the following individual(s) or entity as my primary or contingent death beneficiary(ies) of this HSA, and I hereby revoke all prior death beneficiary designations made by me. Share percentages must equal 100% for primary and 100% for contingent):

Beneficiary Relationship:	<input type="checkbox"/> Spouse <input type="checkbox"/> Dependent	Beneficiary Designation:	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Share %:		
	<input type="checkbox"/> Other:					
First Name:		MI:		Last Name:		
Date of Birth:			Social Security Number:			
Primary Address:	Address Line 1:				Apt:	
	Address Line 2:					
	City:					
	State:		Zip/Postal Code:		+4	

**\*\*CONTINUED ON PAGE 2\*\***



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Beneficiary Relationship:	<input type="checkbox"/> Spouse <input type="checkbox"/> Dependent		Beneficiary Designation:	<input type="checkbox"/> Primary		Share %:		
	<input type="checkbox"/> Other:			<input type="checkbox"/> Contingent				
First Name:		MI:		Last Name:				
Date of Birth:			Social Security Number:					
Primary Address:	Address Line 1:						Apt:	
	Address Line 2:							
	City:							
	State:		Zip/Postal Code:		+4			

Beneficiary Relationship:	<input type="checkbox"/> Spouse <input type="checkbox"/> Dependent		Beneficiary Designation:	<input type="checkbox"/> Primary		Share %:		
	<input type="checkbox"/> Other:			<input type="checkbox"/> Contingent				
First Name:		MI:		Last Name:				
Date of Birth:			Social Security Number:					
Primary Address:	Address Line 1:						Apt:	
	Address Line 2:							
	City:							
	State:		Zip/Postal Code:		+4			

Beneficiary Relationship:	<input type="checkbox"/> Spouse <input type="checkbox"/> Dependent		Beneficiary Designation:	<input type="checkbox"/> Primary		Share %:		
	<input type="checkbox"/> Other:			<input type="checkbox"/> Contingent				
First Name:		MI:		Last Name:				
Date of Birth:			Social Security Number:					
Primary Address:	Address Line 1:						Apt:	
	Address Line 2:							
	City:							
	State:		Zip/Postal Code:		+4			

Beneficiary Relationship:	<input type="checkbox"/> Spouse <input type="checkbox"/> Dependent		Beneficiary Designation:	<input type="checkbox"/> Primary		Share %:		
	<input type="checkbox"/> Other:			<input type="checkbox"/> Contingent				
First Name:		MI:		Last Name:				
Date of Birth:			Social Security Number:					
Primary Address:	Address Line 1:						Apt:	
	Address Line 2:							
	City:							
	State:		Zip/Postal Code:		+4			

**\*\*AUTHORIZATION SIGNATURE REQUIRED ON PAGE 3\*\***



# HSA Beneficiary Change Spousal Consent Form Health Savings Account (HSA)

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## SPOUSAL CONSENT/NOTARY

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Spousal Consent (for HSA Accountholders married in common law or in a community property or marital property states)

- I am not married and I understand that if I become married in the future, I must complete a new HSA Beneficiary Change/Spousal Consent Form.
- I am married and I understand that if I choose to designate a primary death beneficiary other than my spouse, my spouse must agree to the designation by signing below. My spouse's signature must be notarized.

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Spouse (Please print)

Subscribed and sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Date

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## SIGNATURE/AUTHORIZATION

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I certify that I am the HSA Accountholder or an individual authorized to execute this transaction. I assume full responsibility for this transaction and will not hold BASIC or State Bank of Cross Plains (SBCP) liable for any adverse consequences that may result. I have not received any tax or legal advice from BASIC or State Bank of Cross Plains (SBCP) and, if necessary, will seek the advice of a tax or legal professional to ensure my compliance with related laws.

If neither primary nor contingent is indicated, the individual or entity will be deemed to be a primary death beneficiary. If any primary or contingent death 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 death beneficiary shall be increased on a pro rata basis. If more than one primary death beneficiary is designated and no distribution percentages are indicated, the death beneficiaries will be deemed to own equal share percentages in the HSA. Multiple contingent death beneficiaries with no share percentage indicated will also be deemed to share equally. If no primary death beneficiary survives me, the contingent death beneficiary shall acquire the designated share of my HSA.

I understand that if I am married and my residence is in a community or marital property state, or if I am transferring property to this HSA that I acquired while married and residing in a community or marital property state, my spouse may have a community or marital property interest in contributions to and earnings in this HSA, whatever the source. This community property interest may be released by a properly executed consent. I understand that I may wish to consult with legal counsel to ensure that my designation is proper. I understand that if I designate my spouse as primary death beneficiary or contingent death beneficiary of the HSA, the dissolution, termination, annulment or other legal termination of my marriage will automatically revoke such designation.

\_\_\_\_\_  
HSA Accountholder Signature

\_\_\_\_\_  
Date

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**For assistance: call toll-free 800-372-3539**  
**Have your form, employer name, and your 12 digit Benefits ID# ready.**  
**Full resources available on our web page: [www.basiconline.com/CDA](http://www.basiconline.com/CDA)**