NueSynergy
CUSTOMER FOCUSED & TECHNOLOGY DRIVEN

Flexible Spending Account Beneficiary Designation

Employer:_____ Social Security Number:_____

Employee Name:_____ Date of Birth:_____

Home Address:_____ City/State/Zip:_____

Work Phone:_____ Email:_____

Beneficiary Designation
In the event of my death, my designated beneficiary may have certain obligations and responsibilities to file claims and seek reimbursement under the terms of the plan. The following individual(s) shall be my primary and/or contingent beneficiary(ies). If neither primary nor contingent is indicated or if a primary or contingent beneficiary dies before me, I will be deemed to be the primary beneficiary. I understand that I may change or add beneficiaries at any time by completing and delivering the proper form to NueSynergy. NueSynergy has provided no tax or legal advice to me regarding my beneficiary designation. I therefore designate as my beneficiary under the plan:

Name:_____ Relationship:_____ DOB:_____

Address:_____ ☐ Primary or ☐ Contingent

Name:_____ Relationship:_____ DOB:_____

Address:_____ ☐ Primary or ☐ Contingent

Name:_____ Relationship:_____ DOB:_____

Address:_____ ☐ Primary or ☐ Contingent

I certify that the information provided above and attached hereto is accurate and request that any information provided previously be updated with the information here.

Signature:_____ Date:_____