

BENEFICIARY DESIGNATION

As provided in the Sparrow/MNA-PECSH bargaining agreement,
Section 45.3, you are an eligible member in the
Health Reimbursement Arrangement.

You may use this form to provide contact information for
eligible beneficiaries who may use this benefit
in the event of your death.

1, Employee Information:

Name of Employee (first, middle initial, last)	Social Security Number
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2. Beneficiary designation:

As noted in Section 45.3(d), Reimbursement can occur to the surviving spouse and dependents of an employee who died after being credited with at least 5 years of eligible employment as set forth in Section 45.3(a), or after the employee becomes eligible to receive reimbursements pursuant to Section 45.3(c). **Please note for purposes of this plan, a dependent is defined as a child that is younger than age 26.**

So that we have a record of your eligible dependents in the event of your death, please provide all the following information:

Name (First, Middle, Last)	Relationship to employee	Social Security Number
Address	Contact Telephone #	Date of Birth

(continued on next page)

Name (First, Middle, Last)	Relationship to employee	Social Security Number
Address	Contact Telephone #	Date of Birth
Name (First, Middle, Last)	Relationship to employee	Social Security Number
Address	Contact Telephone #	Date of Birth
Name (First, Middle, Last)	Relationship to employee	Social Security Number
Address	Contact Telephone #	Date of Birth
Name (First, Middle, Last)	Relationship to employee	Social Security Number
Address	Contact Telephone #	Date of Birth

3. Signature

You must sign and date this form.

Name of Employee (first, middle initial, last)	Date

Make a copy for your records and return the signed original to:

**Sparrow MNA Employees Health Reimbursement Arrangement
TIC Midwest
ATTN: Medical Claims
6525 Centurion Drive
Lansing, MI 48917-9275**