Edward W. Sparrow Hospital Association MNA Employees
Health Reimbursement Arrangement

BENEFICIARY INFORMATION

EMPLOYEE INFORMATION:

Name of Employee (first, middle initial, last) | Social Security Number

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No cash benefit is payable from the Plan; however, the surviving spouse and dependents of an employee who died after being credit with at least five years of employee service, or after the employee becomes eligible to receive reimbursements, may submit claims for reimbursement. Dependents include any individual defined as such in Code Section 152.

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

Name (first, middle initial, last) | Relationship to Employee | Social Security Number

Complete Address (street number, street, way code, city, state, ZIP code)

Contact Phone Number: (NNN) NNN-NNNN | Date of Birth (MM/DD/YYYY)

Name (first, middle initial, last) | Relationship to Employee | Social Security Number

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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