

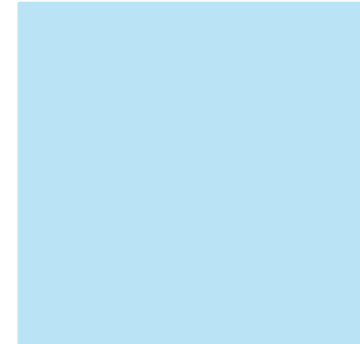
# HOW TO ADD OR CHANGE YOUR BENEFICIARY

## LIFE INSURANCE HEALTHSCOPE HSA



NEVADA PUBLIC EMPLOYEES' BENEFITS PROGRAM

**775-684-7000**  
or 1-800-326-5496  
[www.pebp.state.nv.us](http://www.pebp.state.nv.us)



# STEP 1

About Us

Search this site

LOGIN



### Plans

Plan Information & Contacts



### Resources

Forms, How-To & New Hire Information



### Meetings & Events

Board Information & Member Workshops



### Contact Us

Have a question? We're here to help.

Click Login to get to the E-PEBP Portal

For optimized use please use Internet Explorer or Safari

## Explore Your Benefits

Access information about your benefits and view documents related to your plan.

## Find a Provider

Search provider directories by plan for in-network medical and dental providers.

<https://pebp.state.nv.us>

What's New

Quick Tips

# STEP 2

**MEDICAL**  
**Consumer Driven Health Plan  
w/H.S.A.**

**Policy #**

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**ID**

---

**Who is covered**

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**Access**      Access Express Scripts  
Access HealthScope  
Access Healthcare Bluebook

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**Quick Actions**


**MY BENEFITS**

\$  
YOUR MONTHLY COST

**Quick Actions**

- View My Elections
- Enroll / Make Changes**
- View My Required Documents
- Upload My Document

**PEBP+ Voluntary Benefits**



We offer a variety of supplemental benefits such as auto & home insurance, life insurance, critical illness insurance, pet protection and more. Shop PEBP+ to explore the products and special rates offered to you.

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\$  
Premium Deductions

**View my voluntary benefits**      **Shop PEBP+**

*Please note, screen may appear slightly different based on your plan selections and benefit options.*

# Enroll & Make Changes

## UPDATE YOUR COVERAGE

To make changes to your current selections and/or personal information, choose the applicable link from the table. In some cases, you may need to make your changes within a certain time period.

### EVENTS

Description	Eligibility Period	Actions
<b>Life Event</b>		
Adoption	60 days of the event date	<a href="#">Start &gt;</a>
Birth	60 days of the event date	<a href="#">Start &gt;</a>
Divorce	60 days of the event date	<a href="#">Start &gt;</a>
Establish Domestic Partner	30 days before and 60 days after the event date	<a href="#">Start &gt;</a>
Marriage	30 days before and 60 days after the event date	<a href="#">Start &gt;</a>
Medicare eligibility changes	35 days before and 60 days after the event date	<a href="#">Start &gt;</a>
Dependent Dies	60 days of the event date	<a href="#">Start &gt;</a>
Dependent Gains Coverage	60 days before and 60 days after the event date	<a href="#">Start &gt;</a>
Dependent Loses Coverage	60 days before and 60 days after the event date	<a href="#">Start &gt;</a>
Terminate Domestic Partner	60 days of the event date	<a href="#">Start &gt;</a>
<b>Any Time Change</b>		
Change beneficiary designation	n/a	<a href="#">Start &gt;</a>
Voluntary Benefit Change	n/a	<a href="#">Start &gt;</a>



 [View my election history](#)

# STEP 4

## CHANGE BENEFICIARY DESIGNATION



Beneficiaries



Complete your Enrollment

### Beneficiaries

Your primary beneficiary(ies) will receive the proceeds payable from each applicable plan in the event of your death. If your primary beneficiary(ies) pass-away before you, the proceeds payable for each applicable plan would be paid to your contingent beneficiary(ies), or to your designated estate.

Designated beneficiary(ies)	Health Savings Account		Basic and Voluntary Employee Life	
	Primary	Contingent	Primary	Contingent
<b>Total</b>	0%	0%	0%	0%

Actions

Display contingent allocations ?

### Add a Beneficiary

- Add a new beneficiary
- Choose a family member
- Designate your estate

Next

### Beneficiaries

Your primary beneficiary(ies) will receive the proceeds payable from each applicable plan in the event of your death. If your primary beneficiary(ies) pass-away before you, the proceeds payable for each applicable plan would be paid to your contingent beneficiary(ies), or to your designated estate.

Designated beneficiary(ies)	Health Savings Account		Basic and Voluntary Employee Life	
	Primary	Contingent	Primary	Contingent
<b>Jacob Smith</b> Parent <a href="#">Edit</a>   <a href="#">Delete</a>	40 %	0 %	40 %	0 %
<b>Josh Smith</b> Brother <a href="#">Edit</a>   <a href="#">Delete</a>	0 %	100 %	0 %	100 %
<b>Jane Smith</b> Sister <a href="#">Edit</a>   <a href="#">Delete</a>	60 %	0 %	60 %	0 %
<b>Total</b>	100%	100%	100%	100%

Actions

Display contingent allocations ?

Want to Add  
A Contingent?

Click on *Display  
contingent allocations*

< Previous

Be sure to review your information, then select "Next" on the bottom right of the page →

Next >

# STEP 5

## Once everything is finalized, agree to the terms and conditions and then select "Complete Enrollment"

### Beneficiaries

Beneficiaries	Health Savings Account	Basic and Voluntary Employee Life
<b>Primary</b>		
NAME OF BENEFICIARY(S) YOU SELECTED	☆ 100%	100%
<b>Contingent</b>		
None		

### Terms and Conditions

I have read, understand and agree to the Terms and Conditions related to the Health Savings Account. I have read, understand and agree to the Custodial Agreement and Disclosure related to the Health Savings Account. I understand I am applying to PEBP for coverage for myself, my spouse and/or my dependents, if any, as shown on this form. If electing dependent coverage, I also understand that I am required to supply copies of certified birth certificate(s), marriage certificate, and other related documentation as determined by PEBP, for coverage to become effective. My spouse or domestic partner, if any, is not eligible to participate in any employer provided medical plan maintained by the spouse or domestic partner's current employer. I understand that any misstatements on this form may be used as a basis for rescission of insurance for me and my dependents, if any, from the original effective date. I further understand that if the insurance applied for becomes effective, I will be subject to all the terms of the PEBP Master Plan Document. I hereby authorize my employer, payroll provider or PERS to deduct any required contributions from my check, if applicable, for the coverage I have selected. I acknowledge that I am responsible for any federal

[Read full terms and conditions](#) (+)

I agree to the Terms and Conditions

**FIRST**

[Back](#)

**NEXT**

**Complete Enrollment**

## Enrollment Confirmed

Event type: **Change beneficiary designation** |

[Download my Enrollment Summary](#)



### PEBP+ Advantage

We offer a variety of supplemental benefits such as auto & home insurance, life insurance, critical illness insurance, pet protection and more. Shop voluntary benefits and take advantage of special rates offered to you.

[Shop PEBP+](#)

[Take me home](#)

