



# BENEFITS

YOUR HEALTH YOUR WEALTH YOUR JOB

## BENEFICIARY DESIGNATION FORM

**EMPLOYEE NAME** \_\_\_\_\_ **EE ID #** \_\_\_\_\_

**LOCATION NAME/#** \_\_\_\_\_ **SSN #** \_\_\_\_\_

Basic Life Insurance, Basic AD&D, Group Travel Accident and Supplemental AD&D

### Primary Beneficiary

(If naming more than one primary, please attach individual sheets – don't forget to indicate % for each beneficiary)

Name \_\_\_\_\_ Relationship to Employee \_\_\_\_\_  
Address \_\_\_\_\_ City/St/Zip \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Telephone \_\_\_\_\_

### Secondary Beneficiary

(Secondary beneficiary will only receive benefits if the primary beneficiary is deceased)

Name \_\_\_\_\_ Relationship to Employee \_\_\_\_\_  
Address \_\_\_\_\_ City/St/Zip \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Telephone \_\_\_\_\_

Supplemental Life Insurance

### Primary Beneficiary

(If naming more than one primary, please attach individual sheets – don't forget to indicate % for each beneficiary)

Name \_\_\_\_\_ Relationship to Employee \_\_\_\_\_  
Address \_\_\_\_\_ City/St/Zip \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Telephone \_\_\_\_\_

### Secondary Beneficiary

(Secondary beneficiary will only receive benefits if the primary beneficiary is deceased)

Name \_\_\_\_\_ Relationship to Employee \_\_\_\_\_  
Address \_\_\_\_\_ City/St/Zip \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Telephone \_\_\_\_\_

Unless otherwise provided, where two or more beneficiaries are named the proceeds shall be paid in equal shares to the named beneficiaries, if surviving the insured or to the survivors. If no beneficiary survives, payment shall be made in accordance with the terms of the policy. This designation revokes any and all previous designations. You have the right to change your beneficiary (ies) at any time without their consent. All changes must be received in writing and will be effective upon receipt.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_