



# GROUP LIFE AND OPTIONAL LIFE ENROLLMENT AND BENEFICIARY DESIGNATION FORM

(Before completing this form, see reverse side)

**BENEFITS ADMINISTRATION  
USE ONLY**

Effective Date: \_\_\_\_\_

Authorization: \_\_\_\_\_

GROUP NO. 101334 LIFE/AD&D

(Do not erase or attempt to make corrections, use a new form. Your signature is required at the bottom)

1. Employee Name		2. Social Security Number		3. Date of Birth	4. Employment Date
Last	First MI	-	-	MM / DD / YY	MM / DD / YY
Coverage Desired <input type="checkbox"/> Group Life Only <input type="checkbox"/> Optional Life Insurance <input type="checkbox"/> Group & Optional Life <input type="checkbox"/> Change of Beneficiary		<b>COMPLETE FOR OPTIONAL LIFE INSURANCE REQUEST ONLY</b> I wish to purchase optional life worth: <input type="checkbox"/> <b>1 time</b> my annual base salary <input type="checkbox"/> <b>4 times</b> my annual base salary <input type="checkbox"/> <b>2 times</b> my annual base salary <input type="checkbox"/> <b>5 times</b> my annual base salary <input type="checkbox"/> <b>3 times</b> my annual base salary <input type="checkbox"/> I <b>do not</b> wish to enroll for optional life coverage at this time			

In accordance with the conditions of the Group Policy listed above, I hereby revoke any previous designations of primary beneficiary(ies) and contingent beneficiary(ies) (if any) and designate as primary beneficiary(ies) and contingent beneficiary(ies) (if any) in the event of my death, the following:

GROUP LIFE INSURANCE Primary Beneficiary(ies) Designation					
Full Name (Last, First, Middle Initial)	Relationship	Date of Birth	SSN	Address (Street, City, State, Zip Code)	Share %
Payment will be made in equal shares or all to the survivor unless otherwise indicated.					TOTAL 100%

In the event said primary beneficiary(ies) predecease(s) me, I designate as contingent beneficiary(ies)

Contingent Beneficiary(ies) Designation					
Full Name (Last, First, Middle Initial)	Relationship	Date of Birth	SSN	Address (Street, City, State, Zip Code)	Share%
Payment will be made in equal shares or all to the survivor unless otherwise indicated.					TOTAL 100%

OPTIONAL LIFE INSURANCE Primary Beneficiary(ies) Designation					
Full Name (Last, First, Middle Initial)	Relationship	Date of Birth	SSN	Address (Street, City, State, Zip Code)	Share %
Payment will be made in equal shares or all to the survivor unless otherwise indicated.					TOTAL 100%

In the event said primary beneficiary(ies) predecease(s) me, I designate as contingent beneficiary(ies)

Contingent Beneficiary(ies) Designation					
Full Name (Last, First, Middle Initial)	Relationship	Date of Birth	SSN	Address (Street, City, State, Zip Code)	Share %
Payment will be made in equal shares or all to the survivor unless otherwise indicated.					TOTAL 100%

I desire to be insured as indicated by my signature below, until further notice for the Group Life Insurance, Accidental Means Death and Dismemberment Insurance, and Optional Life Insurance indicated and described in my Employer's current group policy issued by the current Group Carrier or as amended. I hereby authorize my Employer, until further notice, to deduct from my pay contributions to the cost of such insurance. Further, I understand that if this application is received after 31 days of initial eligibility for such coverage, evidence of insurability will be required by the current Group Carrier and is subject to medical approval. I must be actively at work for coverage to take effect.

DATE \_\_\_\_\_

EMPLOYEE SIGNATURE \_\_\_\_\_

## GENERAL BENEFICIARY INFORMATION

You may find the following definitions helpful in completing your Beneficiary Designation form.

**PRIMARY BENEFICIARY:** Your primary beneficiary should be the individual(s) or organization that you wish to receive your life insurance proceeds. You may have the proceeds divided among several primary beneficiaries. To do this, you must indicate what percentage of the proceeds you would like them to receive. Your total shares must equal 100%.

**CONTINGENT BENEFICIARY:** Your contingent beneficiary should be the individual(s) or organization that you wish to receive your life insurance proceeds if your primary beneficiary(ies) predecease(s) you. You may have your proceeds divided among several contingent beneficiaries. To do this, you must indicate what percentage of the proceeds you would like them to receive. Your total shares must equal 100%.

**PLEASE NOTE:** If death occurs and a minor (a person not of legal age) or the insured's estate is the beneficiary, it will be necessary to have a guardian or an administrator appointed before any death benefit can be paid. This means court expenses for the beneficiary and delay in the payment of the insurance. Please take this into consideration when naming your beneficiary.

### INSTRUCTIONS FOR COMPLETING BENEFICIARY DESIGNATION

1. Fill in your name, social security number, date of birth and employment date.
2. Indicate which coverage(s) you are requesting.
3. Indicate the level of Optional Life coverage you are requesting.
4. Fill in the Primary Beneficiary(ies) and Contingent Beneficiary(ies). For each Primary and Contingent Beneficiary listed, enter the relationship (when the relationship is other than by blood or marriage, the relationship should be shown as "Nonrelative"), date of birth, social security number, percentage of proceeds (all shares must add up to 100%) and address.
5. Sign and date the form in the spaces provided. Retain a copy for your records.
6. Return your completed form to your Department Personnel Office.

If you wish to name more beneficiaries than this form provides for, secure an additional copy. Complete your list of beneficiaries on that form. Attach the additional form to the first, indicating clearly on each form the number of additional forms attached. For example, if three forms are used number the forms as follows: 1 of 3, 2 of 3, and 3 of 3. Sign and date each form.

**IT IS IMPORTANT THAT YOU REVIEW YOUR BENEFICIARY DESIGNATION PERIODICALLY TO BE SURE THAT THE BENEFICIARY INFORMATION YOU SUPPLIED US IS UP TO DATE. YOU MAY CHANGE OR REVOKE YOUR BENEFICIARY DESIGNATION AT ANY TIME BY COMPLETING A NEW BENEFICIARY DESIGNATION FORM.**