

**Beneficiary Designation/Change**

This designation will apply to the following coverage(s) if available to you through your Employer: Life Insurance, Life with Accidental Death & Dismemberment (AD&D) Insurance, AD&D Insurance and, unless specified otherwise on a separate signed sheet of paper, Supplemental Life Insurance.

Designations made below, or on a separate sheet of paper, are not valid unless signed, dated, and delivered to your Employer during your lifetime. Return the completed form to your Human Resources Department.

**MEMBER/EMPLOYEE INFORMATION**

Your Name (Last, First, Middle)		Date of Birth
Your Address		
City	State	Zip
Group Name	Group No.	

**BENEFICIARY INFORMATION**

<ul style="list-style-type: none"> <li>Your designation revokes all prior designations.</li> <li>Benefits are payable to a contingent Beneficiary only if you are not survived by one or more primary Beneficiaries.</li> <li>If you name two or more Beneficiaries in a class (primary or contingent), two or more surviving Beneficiaries will share equally, unless you provide for unequal shares. If a minor (a person not of legal age) or your estate is the Beneficiary, it may be necessary to have a guardian or a legal representative appointed by the court before any death benefit can be paid. If the Beneficiary is a trust or trustee, the written trust must be identified in the Beneficiary designation. For example, "Dorothy Q. Smith, Trustee under the trust agreement dated _____."</li> <li>A power of attorney must grant specific authority, by the terms of the document or applicable law, to make or change a Beneficiary designation. If you have questions, consult your legal advisor.</li> <li>Dependents Insurance and Supplemental Life Insurance on your Spouse, if any, is payable to you, if living, or as provided under your Employer's coverage under the Group Policy.</li> <li>If you complete the "% of Benefit" box(es), the amounts should add up to 100% for each class (primary or contingent). For example, "Primary - John Q. Doe, 60%; Jane Q. Doe, 40%."</li> </ul>					
% of					
PRIMARY – Full Name	Address	Date of Birth	Phone No.	Relationship	Benefit
% of					
CONTINGENT – Full Name	Address	Date of Birth	Phone No.	Relationship	Benefit
_____ Signature of Member/Employee			_____ Date		