



BENEFICIARY DESIGNATION FORM

EMPLOYEE NAME: LAST _____ FIRST _____ MI _____

SOCIAL SECURITY #: _____ WORK LOCATION _____

SEE REVERSE SIDE OF THIS FORM FOR SUGGESTED BENEFICIARY DESIGNATIONS

LIFE/ACCIDENTAL DEATH & DISMEMBERMENT DESIGNATION

| A. PRIMARY BENEFICIARY(IES) | ADDRESS | RELATIONSHIP |
|-----------------------------|---------|--------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

B. CONTINGENT BENEFICIARY(IES) **To receive benefits in case person(s) listed above is deceased.**

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

VOLUNTARY ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE DESIGNATION

| A. PRIMARY BENEFICIARY(IES) | ADDRESS | RELATIONSHIP |
|-----------------------------|---------|--------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

B. CONTINGENT BENEFICIARY(IES) **To receive benefits in case person(s) listed above is deceased.**

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

I hereby designate the beneficiary(ies) indicated above and as the insured reserved the right to change such designations without the consent of the beneficiary(ies).

Signature _____ Date _____

CONFIRMATION

This is to confirm that the designations indicated above are considered to be in effect in accordance with policy provisions.

BY: _____ DATE: _____

Human Resources Department

Suggested Beneficiary Designations

(Can be used for Primary and/or Contingent designations)

ONE NAMED BENEFICIARY ONLY

“Mary E. Doe, wife”

NOTE: A married woman should be designated by her own given name and should NOT be designated as “Mrs. Joe Doe”

TWO NAMED BENEFICIARIES (Equal Amounts)

“John H. and Mary E. Doe, Parents, equally or survivor”

THREE OR MORE NAMED BENEFICIARIES (Equal Amounts)

John H. and Mary E. Doe, parents, and Joan J. Doe, sister, equally or survivors”

UNEQUAL AMOUNTS TO NAMED BENEFICIARIES

“75% to Mary E. Doe, wife, if living, otherwise to Jane J. Doe mother; 25% to Jane J. Doe, mother, if living, otherwise to Mary E. Doe, wife”

TO NAME YOUR ESTATE AS BENEFICIARY

Write the word “Estate”