

**Remember the following when completing your Beneficiary Designation form:**

- Clearly identify your beneficiary(ies), providing each beneficiary’s full name, date of birth, Social Security number, address, and relationship to you.
- You can name primary and contingent beneficiaries.
  - Primary:** The primary beneficiary is the individual(s) who will receive the insurance proceeds at the time of your death.
  - Contingent:** A contingent beneficiary, or secondary beneficiary, is the individual(s) who will receive the insurance proceeds if the primary beneficiary(ies) dies before you. Naming a contingent beneficiary is important, as there may be circumstances in which the primary beneficiary does not outlive you.
- If you name more than one primary or contingent beneficiary, make sure the beneficiary percentages add up to 100 percent for each class of beneficiary (primary and contingent).
- **Minor child:** A minor child can be named as a beneficiary, but benefits cannot be released directly to the minor child. Benefits will be paid to the court-appointed guardian of the minor child’s estate (or property). Parents are not automatically the guardians of a minor’s estate. A parent may need to petition a local probate court where the child lives to be named guardian of the child’s estate.
- Make sure you sign and date the beneficiary designation form.
- If no beneficiary is named, or if no beneficiary survives you, settlement will be made as provided in the Group Contract.

**To assist you, here are some examples of clear beneficiary designations.**

One primary and two contingent beneficiaries	One primary and three contingent beneficiaries
<b>Primary Beneficiary:</b> Jane Smith, spouse, 100%	<b>Primary Beneficiary:</b> Gayle Rich, spouse, 100%
<b>Contingent Beneficiaries:</b> Paul Jones, brother, 50% Mary Park, sister, 50%	<b>Contingent Beneficiaries:</b> Teresa Rich, daughter, 40% Susan Rich, daughter, 40% Jason Rich, brother, 20%

First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

- This beneficiary information applies to all coverages applicable to the covered employee and will replace any prior beneficiary designation.
- The primary beneficiary is the individual(s) who will receive the insurance proceeds in the event of the insured's death.
- In the event the primary beneficiary(ies) predecease(s) the insured, the contingent beneficiary(ies) will receive the insurance proceeds.
- If no beneficiary is named, or no beneficiary survives the insured, settlement will be made in accordance with the terms of the Group Contract.
- To change your beneficiaries, you must complete a new form.
- If you wish to name more beneficiaries than this form provides space for, complete your list on an additional copy of this form and attach it.

**Beneficiary Designation** - (the total of Primary Beneficiaries must equal 100%, and the total of Contingent Beneficiaries must equal 100%). If you need to list more beneficiaries please attached additional pages of this form.

Primary (you must have at least one primary beneficiary)      Percentage of benefit: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Social Security/ Tax ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Male  Female  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Primary     Contingent    Percentage of benefit: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Social Security/ Tax ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Male  Female  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Primary     Contingent    Percentage of benefit: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Social Security/ Tax ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Male  Female  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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

*Complete this form and retain a copy for your records*