

Beneficiary Designation

You may use this form to designate who will receive the Group Life Insurance proceeds in the event of your death.

The designations you make on this form replace any prior beneficiary designations.

Designations apply to your Basic as well as any Optional Life Insurance you have under your Group Policy. If you would like different beneficiaries for your Basic and Optional coverages, please indicate that below.

See Page 2 of this form for sample beneficiary designations and more information.

1 Employee and employer information

Please print clearly

Your Name (first, middle initial, last)		Social Security Number	
Employer's Name	Group Policy Number	Billing Group Number	

2 Beneficiary Designation

For Primary Beneficiaries, indicate who should receive the Group Life Insurance proceeds in the event of your death.

For Secondary (also known as *Contingent*) Beneficiaries, indicate who should receive the Group Life Insurance proceeds in the event that ALL of your Primary Beneficiaries are not living at the time of your death.

Please make your beneficiary designation(s) below. If you need more space, attach another sheet to this form.

You may designate more than one Primary or Secondary Beneficiary. If you do, make sure to indicate the percentage share each should receive. The total within each class (Primary and Secondary) must equal 100%. If you do not specify percentages, surviving beneficiaries within the class will share proceeds equally.

Primary Beneficiary(ies)		Social Security Number	Relationship to Employee	Percent Share of Proceeds*
1.	Name: Address:			%
2.	Name: Address:			%

Secondary (Contingent) Beneficiary(ies)		Social Security Number	Relationship to Employee	Percent Share of Proceeds*
1.	Name: Address:			%
2.	Name: Address:			%

* The total within each class (Primary and Secondary) must equal 100%.

3 Signature

Employers: Keep the signed original copy of this form with the employee's records.

Important: You must sign and date this form for your designation to become effective. Make a copy for your records and return the signed original to your employer.

Signature of Employee X	Date Signed
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