



# Beneficiary Designation Form

<b>Employee Name (Last, First, Middle)</b>	<b>Social Security Number</b>
<b>Address (Street, City, State, Zip Code)</b>	<b>Email Address</b>

- 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.

Primary Beneficiary (the total of all primary beneficiaries must equal 100%)					
1.	Name (Last, First, Middle)	Date of Birth	Social Security Number	Relationship	% of Benefit
	Address			Phone Number	
2.	Name (Last, First, Middle)	Date of Birth	Social Security Number	Relationship	% of Benefit
	Address			Phone Number	
3.	Name (Last, First, Middle)	Date of Birth	Social Security Number	Relationship	% of Benefit
	Address			Phone Number	
<b>TOTAL</b>					
<i>The total share of all primary beneficiaries must equal 100%.</i>					

Contingent Beneficiary (the total of all contingent beneficiaries must equal 100%)					
1.	Name (Last, First, Middle)	Date of Birth	Social Security Number	Relationship	% of Benefit
	Address			Phone Number	
2.	Name (Last, First, Middle)	Date of Birth	Social Security Number	Relationship	% of Benefit
	Address			Phone Number	
3.	Name (Last, First, Middle)	Date of Birth	Social Security Number	Relationship	% of Benefit
	Address			Phone Number	
4.	Name (Last, First, Middle)	Date of Birth	Social Security Number	Relationship	% of Benefit
	Address			Phone Number	
<b>TOTAL</b>					
<i>The total share of all contingent beneficiaries must equal 100%.</i>					

Employee Signature:	Date:
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*Complete form and retain a copy for your records.*