🐯 🗑 BlueCross BlueShield of Illinois

BENEFICIARY DESIGNATION FORM

Return to Blue Cross and Blue Shield of Illinois at: Attention: Claims Department P.O. Box 7070 Downers Grove, IL 60515

INSTRUCTIONS (PLEASE PRINT, SIGN AND DATE THIS FORM IN BLACK INK)							
Employee/Retired Employee Name		SSN			ate of Birth Home Telephone Nu		ephone Numbe
Home Address			City		State		Zip
Employer					Group Number		
Irrevocable Beneficiary: Y Note: If you select irrevocable beneficiary. An irrevocable beneficiary. An irrevocable beneficiary. An irrevocable beneficiary we beneficiary means the will be divided in equal shares if r listed, the total of the combination Contingent Beneficiary means the time of the Insured's death. Will or Trust as Beneficiary Destrustee of the [name of trust], und beneficiary (i.e. created by will), y not be admitted to probate (becau	beneficiary, y eficiary has a ithout the pe S person or per nultiple prima n must equal the person or signation car <i>ler a trust agri</i> ou should recuse it is lost, o	a vested intere rmission of the rsons who will ary beneficiaries 100%. persons who w n be done by us ceement dated cognize the pos contested or su	est in the proceeds e irrevocable benefits receive the benefits s are named, unless will receive the bene sing the following w [date of trust]." If yo ssibility that your wi	of the co ficiary. in the ev s otherwis efits if the ritten stat ou wish to II which w	entract, the ent of the se indicate primary b tement: "To designate vas intendo	Insured's c d. If perce eneficiary i o [name of e a testame ed to create	e contract holder death. Proceeds entages are s not living at the <i>trustee]</i> , entary trust as e a trust may
beneficiary designation does not Minors as Beneficiary Designat at the time of claim, payments ma Dependent Beneficiary – In the **You may want to obtain the ass beneficiary designation.	ti on can be d ay be delayed event a depe	lone by using th d due to specia endent dies, the	l issues raised by the employee is the be	nese desi eneficiary	gnations. ' ' of their lif	e insurance	e proceeds.
BENEFICIARY DESIGNATION	FOR ALL E	MPLOYEE/RE	TIRED EMPLOYE		BENEFITS	3	
Primary Beneficiary	Birth Date	Relationship		Addres			%
Contingent Beneficiary	Birth Date	Relationship	Social Security #	Addres	S		%
WARNING: Any person who, kno for insurance or statement of clain information concerning any fact m	aterial thereto	o, commits a fra	audulent insurance				
to criminal and civil penalties. (Not Employee/Retired Employee S	t enforceable	in Oregon or V	/irginia.)			, Date	•

Important Note For Married Employees: If you live in a community property state/territory, you should obtain the signature of your spouse if your spouse will not be named as a primary beneficiary. Community property states/territories currently include: AZ, CA, GU, ID, LA, NM, NV, PR,TX, WA and WI. Payment of benefits may be delayed or disputed unless your spouse consents to waive his or her rights to any community property interest in the benefits. We have provided below a "Spousal Consent for Community Property States" for your spouse's signature. BLUE CROSS AND BLUE SHIELD OF ILLINOIS WILL NOT BE LIABLE FOR DAMAGES DUE TO ANY DELAY OR DISPUTE IN PAYMENT OF BENEFITS IF YOU CHOOSE NOT TO OBTAIN YOUR SPOUSE'S SIGNATURE.

Spousal Consent for Community Property States/Territories: I hereby consent to the Primary Beneficiary designated by my spouse. This consent supersedes any prior spousal consent I may have given under this plan.

Spouse Signature _

____ D Employee has no legal spouse

Insurance products issued by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Blue Cross and Blue Shield of Illinois is the trade name of Dearborn Life Insurance Company, an independent licensee of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.