



INSTRUCTIONS (PLEASE PRINT, SIGN AND DATE THIS FORM IN BLACK INK)

Employee/Retired Employee Name, SSN, Date of Birth, Home Telephone Number, Home Address, City, State, Zip, Employer, Group Number

Irrevocable Beneficiary: Yes No
Note: If you select irrevocable beneficiary, you may not change the beneficiary without the consent of the irrevocable beneficiary.

DEFINITIONS & STATEMENTS

Primary Beneficiary means the person or persons who will receive the benefits in the event of the Insured's death.
Contingent Beneficiary means the person or persons who will receive the benefits if the primary beneficiary is not living at the time of the Insured's death.
Will or Trust as Beneficiary Designation can be done by using the following written statement:
Minors as Beneficiary Designation can be done by using this document.
Dependent Beneficiary - In the event a dependent dies, the employee is the beneficiary of their life insurance proceeds.

BENEFICIARY DESIGNATION FOR ALL EMPLOYEE/RETIRED EMPLOYEE LIFE BENEFITS

Table with columns: Primary Beneficiary, Birth Date, Relationship, Social Security #, Address, %

WARNING: Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime and subjects such person to criminal and civil penalties.

Employee/Retired Employee Signature _____ 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.
Spousal Consent for Community Property States/Territories: I hereby consent to the Primary Beneficiary designated by my spouse.

Spouse Signature _____ Date _____ [] Employee has no legal spouse