



Beneficiary Designation Form

New Designation forms should be completed every year to ensure appropriate changes have been made.

Basic Life & AD&D

This Form will apply to policy above unless otherwise noted.



Instructions on completing this form:

- Please write clearly in Ink or Type into spaces
- Be sure to complete the % of benefit that the person designated should receive.
- If there is not enough space to list all beneficiaries, please add the information to the back of this form so it is all on the same form.
- Social Security Numbers and Dates of Birth are not required, *but recommended* to ensure accurate identification of the beneficiary
- Be certain to sign and date this form.

Basic Life & AD&D Beneficiary Information

Employee Name:		SSN:	
Date of Birth:			
Primary Beneficiaries – Please list below and print clearly			
Name:	Percentage %:	Relationship:	Date of Birth:
SSN:			
Name:	Percentage %:	Relationship:	Date of Birth:
SSN:			
Name:	Percentage %:	Relationship:	Date of Birth:
SSN:			
Name:	Percentage %:	Relationship:	Date of Birth:
SSN:			

Secondary Beneficiaries – Please list below and print clearly			
Name:	Percentage %:	Relationship:	Date of Birth:
SSN:			
Name:	Percentage %:	Relationship:	Date of Birth:
SSN:			
Name:	Percentage %:	Relationship:	Date of Birth:
SSN:			
Name:	Percentage %:	Relationship:	Date of Birth:
SSN:			

I understand that the beneficiaries noted above will be utilized for coverage under Basic Life and AD&D and that this form will replace any prior beneficiary forms completed for this policy.

Employee Signature:	Date:
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