

Remember the following when completing your Beneficiary Designation form:

- Clearly identify your beneficiary(ies), providing each beneficiary’s full name, date of birth, Social Security number, address, and relationship to you.
- You can name primary and contingent beneficiaries.
 - Primary:** The primary beneficiary is the individual(s) who will receive the insurance proceeds at the time of your death.
 - Contingent:** A contingent beneficiary, or secondary beneficiary, is the individual(s) who will receive the insurance proceeds if the primary beneficiary(ies) dies before you. Naming a contingent beneficiary is important, as there may be circumstances in which the primary beneficiary does not outlive you.
- If you name more than one primary or contingent beneficiary, make sure the beneficiary percentages add up to 100 percent for each class of beneficiary (primary and contingent).
- **Minor child:** A minor child can be named as a beneficiary, but benefits cannot be released directly to the minor child. Benefits will be paid to the court-appointed guardian of the minor child’s estate (or property). Parents are not automatically the guardians of a minor’s estate. A parent may need to petition a local probate court where the child lives to be named guardian of the child’s estate.
- Make sure you sign and date the beneficiary designation form.
- If no beneficiary is named, or if no beneficiary survives you, settlement will be made as provided in the Group Contract.

To assist you, here are some examples of clear beneficiary designations.

| One primary and two contingent beneficiaries | One primary and three contingent beneficiaries |
|--|---|
| Primary Beneficiary: Jane Smith, spouse, 100% | Primary Beneficiary: Gayle Rich, spouse, 100% |
| Contingent Beneficiaries: Paul Jones, brother, 50% Mary Park, sister, 50% | Contingent Beneficiaries: Teresa Rich, daughter, 40% Susan Rich, daughter, 40% Jason Rich, brother, 20% |

First Name: _____ M.I.: _____ Last Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Social Security Number: _____ Email Address: _____

- 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.

Beneficiary Designation - (the total of Primary Beneficiaries must equal 100%, and the total of Contingent Beneficiaries must equal 100%). If you need to list more beneficiaries please attached additional pages of this form.

Primary (you must have at least one primary beneficiary)

Name: _____ Relationship: _____
Social Security/ Tax ID Number: _____ Date of Birth: _____ Male Female
Address: _____
City: _____ State: _____ Zip Code: _____
Email Address: _____ Telephone Number: _____

Primary Contingent

Name: _____ Relationship: _____
Social Security/ Tax ID Number: _____ Date of Birth: _____ Male Female
Address: _____
City: _____ State: _____ Zip Code: _____
Email Address: _____ Telephone Number: _____

Primary Contingent

Name: _____ Relationship: _____
Social Security/ Tax ID Number: _____ Date of Birth: _____ Male Female
Address: _____
City: _____ State: _____ Zip Code: _____
Email Address: _____ Telephone Number: _____

Employee Signature: _____ Date : _____

Complete this form and retain a copy for your records