

BENEFICIARY/ELECTION CHANGE FORM

INSTRUCTIONS FOR BENEFICIARY ELECTION/CHANGE FORM

1. This form is to be used for electing and changing beneficiaries in the following plans: Employee Life. This is not to be used for changing names due to marriage or divorce.
2. You must designate a primary beneficiary(ies) for Employee Life. You are automatically the primary beneficiary for Dependent Life.
3. When making beneficiary changes, be sure to complete all of the beneficiary designations for that plan.
4. If a change is made to one plan this DOES NOT change the beneficiary(ies) in other plans. Beneficiary changes must be specifically requested for each plan.

Please type or print (LEGIBLY) all names

Employee Name (First, M.I., Last)		Social Security Number		Group Policyholder Name	
Group Policy #	Date of Employment			Department Name & Number	

E M P L O Y E L I F E	Primary Beneficiary(ies)					
	Name			Relationship		%
	Address	City	State	Zip	Phone	Social Security #
	Name			Relationship		%
	Address	City	State	Zip	Phone	Social Security #
	Name			Relationship		%
	Address	City	State	Zip	Phone	Social Security #
	Contingent Beneficiary(ies)					
	Name			Relationship		%
	Address	City	State	Zip	Phone	Social Security #
	Name			Relationship		%
	Address	City	State	Zip	Phone	Social Security #
	Name			Relationship		%
	Address	City	State	Zip	Phone	Social Security #

<p>Employee Signature (for all beneficiary designations)</p> <p>If more than one beneficiary is named above, and if I fail to specify their respective interests, I understand and intend that payment will be made in equal shares to such beneficiaries as survive me, and that if no named beneficiary survives me, payment will be made to my estate unless the group policy(ies) should provide otherwise. This designation supersedes any beneficiary designation or designations that I may have made previously under a policy or policies of group insurance issued to the policyholder named above.</p> <p>Employee Signature: _____ Date: _____</p>	
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