



Group Life Insurance Beneficiary Designation

EMPLOYEE NAME LAST	FIRST	MIDDLE INITIAL	SEX <input type="checkbox"/> M <input type="checkbox"/> F	DATE OF BIRTH
DATE OF HIRE (FULL TIME)	SOCIAL SECURITY NUMBER		DEPARTMENT	

Coverage Selection:

Basic Life Coverage \$50,000

BENEFICIARY DESIGNATION: If two or more primary beneficiaries are named, and you do not list benefit percentages, proceeds will be paid in equal shares to the named primary beneficiaries who survive you. If no primary beneficiary survives you, proceeds will be paid to the contingent beneficiary(ies). If you list benefit percentages, the total must equal 100%. (Employee is the beneficiary of proceeds from spouse or child coverage).

FIRST NAME	LAST NAME	SOCIAL SECURITY #	RELATIONSHIP & ADDRESS	BENEFIT %
Primary				
Primary				
Contingent				
Contingent				

Supplemental Life Coverage

BENEFICIARY DESIGNATION: If two or more primary beneficiaries are named, and you do not list benefit percentages, proceeds will be paid in equal shares to the named primary beneficiaries who survive you. If no primary beneficiary survives you, proceeds will be paid to the contingent beneficiary(ies). If you list benefit percentages, the total must equal 100%.

FIRST NAME	LAST NAME	SOCIAL SECURITY #	RELATIONSHIP & ADDRESS	BENEFIT %
Primary				
Primary				
Contingent				
Contingent				

EMPLOYEE SIGNATURE _____ DATE ____/____/____