



## Life Insurance Beneficiary Designation Form

**(RETURN TO HUMAN RESOURCES)**

**COMPLETE ALL SECTIONS.**

**Please PRINT in Black Ink.**

Retiree Information						
Last Name	First Name	MI	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security No. ____-____-____	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Divorced	<input type="checkbox"/> Married <input type="checkbox"/> Widowed
Address			City	State	Zip	
Home Phone (    )	Other Phone (    )		Date of Birth Month    Day    Year ____ / ____ / ____			

Beneficiary Information for Group Basic Term Life				
Provide for each beneficiary:	Full Name	Social Security Number	Relationship	Percentage
Primary Beneficiary (1)				
Primary Beneficiary (2)				
Contingent Beneficiary (1)				
Contingent Beneficiary (2)				

***Attach an additional sheet for more beneficiaries if necessary.***

Retiree Signature
<p>My signature below designates my beneficiaries as indicated above.</p> <p><b>Signature:</b> _____ <b>Date:</b> _____</p>