



Group Insurance Beneficiary Designation/Change

Last Name	First Name	MI	Location		
Home Address					
Social Security Number - -	Date of Birth / /	Employment Date / /	<input type="checkbox"/> Married <input type="checkbox"/> Single	<input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	<input type="checkbox"/> Male <input type="checkbox"/> Female
My Beneficiary's Name (Please print) Example: Mary A. Doe, not Mrs. J. Doe					
First Name	MI	Last Name	Relationship to Employee		
Address					% Share
First Name	MI	Last Name	Relationship to Employee		
Address					% Share
First Name	MI	Last Name	Relationship to Employee		
Address					% Share
<p>If more than one primary beneficiary is designated, settlement will be made in equal shares to the designated beneficiaries (or beneficiary) who are then still living, unless their shares are specified. If there is no named beneficiary, or no beneficiary survives the insured, settlement will be made in accordance with the terms of the group insurance contract.</p>					
Employee's Signature					
<p>I authorize my employer to record and consider the individuals/institutions that I have named on this form as beneficiaries for benefits under the applicable employee benefit plans. If designating a trust as beneficiary, I understand that the insurance carrier assumes no obligation as to the validity or sufficiency of any executed Trust Agreement and does not pass on its legality. In making payment to any Trustee(s), the insurance company has the right to assume that the Trustee(s) is acting in a fiduciary capacity until notice to the contrary is provided. I agree that if any payment is made to the Trustee(s) before notice is received, no further payments will be made.</p>					
Employee's Signature X _____			Date _____		
<p>The employee must sign and date this form. The signature date must be the date the employee actually signed the form.</p>					