

## Life Insurance Beneficiary Designation

If the employee of record or insured spouse dies then the beneficiary is the living partner. You do not need to name them on this form. If a child dies the primary beneficiary is the employee of record and the contingent beneficiary is the insured spouse. You do not need to name them on this form. If both the employee of record and insured spouse die the insurance benefits are paid to any surviving dependent children equally. You do not need to name them on this form.

If there is no surviving spouse or dependent children, benefits will be paid to the contingent beneficiary(ies) named below. If you need more space, please attach a separate sheet for additional beneficiaries. Contingent beneficiaries will automatically be the same for the Basic Life Insurance, Voluntary Life Insurance and VAD&PL unless you notify us otherwise in writing.

Insured Employee of Record's Legal Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Insured Spouse's Legal Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Contingent Beneficiary(ies) – Percents must total 100%

Legal Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_ Relationship \_\_\_\_\_ % Benefits \_\_\_\_\_

Home Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Legal Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_ Relationship \_\_\_\_\_ % Benefits \_\_\_\_\_

Home Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Legal Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_ Relationship \_\_\_\_\_ % Benefits \_\_\_\_\_

Home Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Legal Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_ Relationship \_\_\_\_\_ % Benefits \_\_\_\_\_

Home Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

If both the insured employee of record and the insured spouse are naming the same contingent beneficiary(ies) only one form, signed by both parties, is necessary. If naming different contingent beneficiary(ies) each should submit a separate signed form.

\_\_\_\_\_  
**Signature, Insured Employee of Record**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature, Insured Spouse**

\_\_\_\_\_  
**Date**

**Return Completed form to the Benefits Coordinator at the Carol Stream Office**