



## LIFE INSURANCE BENEFICIARY CHANGE FORM

Employee Name: \_\_\_\_\_ DOB: \_\_\_\_\_

SS#: \_\_\_\_\_ Department/Agency: \_\_\_\_\_

### Primary Beneficiary:

1. Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ GENDER: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

Basic Life Insurance  Percentage Designated: \_\_\_\_\_

Supplemental Life Insurance  Percentage Designated: \_\_\_\_\_

2. Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ GENDER: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

Basic Life Insurance  Percentage Designated: \_\_\_\_\_

Supplemental Life Insurance  Percentage Designated: \_\_\_\_\_

(Attach additional sheet if necessary.)

### Secondary Beneficiary:

1. Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ GENDER: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

Basic Life Insurance  Percentage Designated: \_\_\_\_\_

Supplemental Life Insurance  Percentage Designated: \_\_\_\_\_

(Attach additional sheet if necessary.)

**All Beneficiary Information is required.** To add an agency/institution as a beneficiary, use the Corporate Tax ID number in place of a Social Security number.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date