



## LIFE INSURANCE BENEFICIARY FORM

Employee Name: \_\_\_\_\_ Employee ID#: \_\_\_\_\_

SS#: \_\_\_\_\_ Department Name: \_\_\_\_\_

### Primary Beneficiary:

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

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Gender: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

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

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Gender: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

3. Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Gender: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

4. Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Gender: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

(Attach additional sheet if necessary.)  
See Second Page for Secondary Beneficiary(s)



**Secondary Beneficiary:**

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

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Gender: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

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

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Gender: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

3. Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Gender: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

4. Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

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