



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