

BENEFICIARY DESIGNATION



Initial Beneficiary Designation(s) OR Change of all prior beneficiary designation(s) (*check only one box*), I hereby revoke any previous beneficiary designation(s), if any, for my group term life insurance and/or accidental death and dismemberment (AD&D) insurance issued to this group or employer and direct that the insurance proceeds payable under the policy be paid as indicated below.

Employee Name:	Employee ID Number:	Social Security Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Employee Address: (Street, City, State, Zip Code)		Telephone Number ()
Policyholder/Employer:		Policy Number:

NAMING YOUR GROUP LIFE BENEFICIARY

It is important that your beneficiary designation be clear so that there will be no question as to your intent. It is also important that you name a primary and contingent beneficiary. When naming your beneficiary(ies) please indicate their full name, address, social security number, and relationship. If the beneficiary is not related either by blood or marriage, insert the words, "Not Related." If more than one primary or contingent beneficiary is named without a percentage indicated, the proceeds will be divided equally. On the reverse side of this form you will find examples of common beneficiary designations. If you need assistance, contact your Company representative or your own legal counsel.

Benefits payable for a Dependent's death are payable to You if living, otherwise, We may, at Our option, pay the benefit to Your surviving spouse or to the executors or administrators of Your estate.

PRIMARY BENEFICIARY(IES)		
Name: _____	Date of Birth: _____	
Address: _____ (Street, City, State & Zip Code)		
Social Security Number: _____	Relationship: _____	Benefit Percent: _____
Name: _____	Date of Birth: _____	
Address: _____ (Street, City, State & Zip Code)		
Social Security Number: _____	Relationship: _____	Benefit Percent: _____

CONTINGENT BENEFICIARY(IES)		
Name: _____	Date of Birth: _____	
Address: _____ (Street, City, State & Zip Code)		
Social Security Number: _____	Relationship: _____	Benefit Percent: _____
Name: _____	Date of Birth: _____	
Address: _____ (Street, City, State & Zip Code)		
Social Security Number: _____	Relationship: _____	Benefit Percent: _____

Spousal Consent For Community Property States Only: If you live in a community property state - Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin - you may complete the Spousal Consent section, which allows your spouse to waive his or her rights to any community property interest in the benefit. Disclaimer: spousal consent does not apply to ERISA plans.

This will certify that, as spouse of the Employee named above, I hereby consent to my spouse designating the person(s) listed above as beneficiary(ies) of group life insurance under the above policy and waive any rights I may have to the proceeds of such insurance under applicable community property laws. I understand that this consent and waiver supersede any prior spousal consent or waiver under this plan.

Signature of Employee's Spouse: _____ **Date:** _____

I, the undersigned, reserve the right to change the beneficiary(ies) without the consent of said beneficiary(ies).

Signature of Employee: _____ **Date:** _____

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Employee Name:	Employee ID Number	Social Security Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Employee Address: (Street, City, State & Zip Code)		Telephone Number ()
Policyholder/Employer:		Policy Number:

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PRIMARY BENEFICIARY(IES)			
Name: _____	Date of Birth: _____		
Address: _____ (Street, City, State & Zip Code)			
Social Security Number: _____	Relationship: _____	Benefit Percent: _____	
Name: _____	Date of Birth: _____		
Address: _____ (Street, City, State & Zip Code)			
Social Security Number: _____	Relationship: _____	Benefit Percent: _____	

CONTINGENT BENEFICIARY(IES)			
Name: _____	Date of Birth: _____		
Address: _____ (Street, City, State & Zip Code)			
Social Security Number: _____	Relationship: _____	Benefit Percent: _____	
Name: _____	Date of Birth: _____		
Address: _____ (Street, City, State & Zip Code)			
Social Security Number: _____	Relationship: _____	Benefit Percent: _____	

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This will certify that, as spouse of the Employee named above, I hereby consent to my spouse designating the person(s) listed above as beneficiary(ies) of group life insurance under the above policy and waive any rights I may have to the proceeds of such insurance under applicable community property laws. I understand that this consent and waiver supersede any prior spousal consent or waiver under this plan.

Signature of Employee's Spouse: _____ **Date:** _____

I, the undersigned, reserve the right to change the beneficiary(ies) without the consent of said beneficiary(ies).

Signature of Employee: _____ **Date:** _____

Following are examples of the most common beneficiary designations:

Mary J. Doe, Wife (not Mrs. John Doe).

Mary J. Doe, Wife, if living, otherwise to Joseph W. Doe, Son.

Mary J. Doe, Wife, if living, otherwise to Jane Doe, Daughter, and Joseph W. Doe, Son in equal shares, if they are both living, otherwise to whichever of them survive me.

Estate of the Insured.

If you name more than one beneficiary with unequal shares, please show the percent of insurance to be paid to each beneficiary, for example "33 1/3% to Mary Jones, Mother and 66 2/3% to Edith Jones, Wife."

Beneficiary Designation Forms cannot be signed by a Power of Attorney.

EXAMPLE
BENEFICIARY DESIGNATION



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Employee Name John Doe	Employee ID Number XX-XX-XX-XXX	Social Security Number <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
Employee Address 234 Main Street, Anytown, CT 00000		Telephone Number 000 000-0000
Policyholder/Employer Any Kind Of Foods Corp.		Policy Number 9876543

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PRIMARY BENEFICIARY(IES)			
Name: Jane Doe	Date of Birth: 00/00/00		
Address: 987 Any Lane, Anytown, CT 00000			
Social Security Number: XXX-XX-XXXX	Relationship: Spouse	Benefit Percent: 100	
Name: _____	Date of Birth: _____		
Address: _____			
Social Security Number: _____	Relationship: _____	Benefit Percent: _____	

CONTINGENT BENEFICIARY(IES)			
Name: Mary Doe	Date of Birth: 00/00/00		
Address: 123 Wherever Road, Anytown, CT 00000			
Social Security Number: XXX-XX-XXXX	Relationship: Daughter	Benefit Percent: 50	
Name: Bob Doe	Date of Birth: 00/00/00		
Address: 5678 Anywhere Street, Anytown, CT 00000			
Social Security Number: XXX-XX-XXXX	Relationship: Son	Benefit Percent: 50	

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This will certify that, as spouse of the Employee named above, I hereby consent to my spouse designating the person(s) listed above as beneficiary(ies) of group life insurance under the above policy and waive any rights I may have to the proceeds of such insurance under applicable community property laws. I understand that this consent and waiver supersede any prior spousal consent or waiver under this plan.

Signature of Employee's Spouse Jane Doe Date 01/01/2008

I, the undersigned, reserve the right to change the beneficiary(ies) without the consent of said beneficiary(ies).
Signature of Employee John Doe Date 01/10/2008

SUPPLEMENT TO ADMINISTRATIVE MANUAL

STATE OF FLORIDA

BENEFICIARY DESIGNATION

Florida §627.552 applies to Group Life Insurance policies and prohibits employees from naming the employer as beneficiary.

Employers, on receipt of enrollment forms and beneficiary designation forms, should review beneficiary designations to assure conformity with the law.