

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	Social Security Number
Employee Address	Telephone Number ()
Policyholder/Employer	Policy/Employer Number

NAMING THE 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." 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.

PRIMARY BENEFICIARY(IES)

Name: _____	Date of Birth _____
Address: _____	
Social Security Number: _____	Relationship: _____
Benefit Percent: _____	
(Check only the coverages applicable to your policy) <input type="checkbox"/> Basic Life <input type="checkbox"/> Supplemental Life <input type="checkbox"/> AD&D <input type="checkbox"/> Supplemental AD&D	
Name: _____	Date of Birth _____
Address: _____	
Social Security Number: _____	Relationship: _____
Benefit Percent: _____	
(Check only the coverages applicable to your policy) <input type="checkbox"/> Basic Life <input type="checkbox"/> Supplemental Life <input type="checkbox"/> AD&D <input type="checkbox"/> Supplemental AD&D	

CONTINGENT BENEFICIARY(IES)

Name: _____	Date of Birth _____
Address: _____	
Social Security Number: _____	Relationship: _____
Benefit Percent: _____	
(Check only the coverages applicable to your policy) <input type="checkbox"/> Basic Life <input type="checkbox"/> Supplemental Life <input type="checkbox"/> AD&D <input type="checkbox"/> Supplemental AD&D	
Name: _____	Date of Birth _____
Address: _____	
Social Security Number: _____	Relationship: _____
Benefit Percent: _____	
(Check only the coverages applicable to your policy) <input type="checkbox"/> Basic Life <input type="checkbox"/> Supplemental Life <input type="checkbox"/> AD&D <input type="checkbox"/> Supplemental AD&D	

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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Address: _____	
Social Security Number: _____	Relationship: _____
Benefit Percent: _____	
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Address: _____	
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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.”

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.

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Employee Name <i>John Doe</i>	Social Security Number <i>000-00-0000</i>
Employee Address <i>100 Main Street, Anytown, CT 00000</i>	Telephone Number <i>(000) 000-0000</i>
Policyholder/Employer <i>ABC CO., INC.</i>	Policy/Employer Number <i>GL-22222</i>

NAMING THE 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." On the reverse side of this form you will find examples of common beneficiary designations. If you need assistance, contact your Company or your own legal counsel.

PRIMARY BENEFICIARY(IES)

Name: <i>Jane Doe</i>	Date of Birth <i>00-00-00</i>	
Address: <i>123 ABC Lane, Anytown, CT 00000</i>		
Social Security Number: <i>121-21-2121</i>	Relationship: <i>Spouse</i>	Benefit Percent: <i>100</i>
(Check only the coverages applicable to your policy) <input checked="" type="checkbox"/> Basic Life <input type="checkbox"/> Supplemental Life <input type="checkbox"/> AD&D <input type="checkbox"/> Supplemental AD&D		
Name: _____	Date of Birth _____	
Address: _____		
Social Security Number: _____	Relationship: _____	Benefit Percent: _____
(Check only the coverages applicable to your policy) <input type="checkbox"/> Basic Life <input type="checkbox"/> Supplemental Life <input type="checkbox"/> AD&D <input type="checkbox"/> Supplemental AD&D		

CONTINGENT BENEFICIARY(IES)

Name: <i>Richard Doe</i>	Date of Birth <i>00-00-00</i>	
Address: <i>555 Generic Street, Anytown, CT 00000</i>		
Social Security Number: <i>555-55-5555</i>	Relationship: <i>Brother</i>	Benefit Percent: <i>100</i>
(Check only the coverages applicable to your policy) <input checked="" type="checkbox"/> Basic Life <input type="checkbox"/> Supplemental Life <input type="checkbox"/> AD&D <input type="checkbox"/> Supplemental AD&D		
Name: _____	Date of Birth _____	
Address: _____		
Social Security Number: _____	Relationship: _____	Benefit Percent: _____
(Check only the coverages applicable to your policy) <input type="checkbox"/> Basic Life <input type="checkbox"/> Supplemental Life <input type="checkbox"/> AD&D <input type="checkbox"/> Supplemental AD&D		

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

Signature of Employee *John Doe* Date *02/01/02*

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Employee Name <i>John Doe</i>	Social Security Number <i>000-00-0000</i>
Employee Address <i>100 Main Street, Anytown, CT 00000</i>	Telephone Number <i>(000) 000-0000</i>
Policyholder/Employer <i>ABC CO., INC.</i>	Policy/Employer Number <i>GL-22222</i>

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PRIMARY BENEFICIARY(IES)

Name: <i>Jane Doe</i>	Date of Birth: <i>00-00-00</i>	
Address: <i>123 ABC Lane, Anytown, CT 00000</i>		
Social Security Number: <i>121-21-2121</i>	Relationship: <i>Spouse</i>	Benefit Percent: <i>100</i>
(Check only the coverages applicable to your policy) <input checked="" type="checkbox"/> Basic Life <input type="checkbox"/> Supplemental Life <input type="checkbox"/> AD&D <input type="checkbox"/> Supplemental AD&D		
Name: _____	Date of Birth: _____	
Address: _____		
Social Security Number: _____	Relationship: _____	Benefit Percent: _____
(Check only the coverages applicable to your policy) <input type="checkbox"/> Basic Life <input type="checkbox"/> Supplemental Life <input type="checkbox"/> AD&D <input type="checkbox"/> Supplemental AD&D		

CONTINGENT BENEFICIARY(IES)

Name: <i>Richard Doe</i>	Date of Birth: <i>00-00-00</i>	
Address: <i>555 Generic Street, Anytown, CT 00000</i>		
Social Security Number: <i>555-55-5555</i>	Relationship: <i>Brother</i>	Benefit Percent: <i>100</i>
(Check only the coverages applicable to your policy) <input checked="" type="checkbox"/> Basic Life <input type="checkbox"/> Supplemental Life <input type="checkbox"/> AD&D <input type="checkbox"/> Supplemental AD&D		
Name: _____	Date of Birth: _____	
Address: _____		
Social Security Number: _____	Relationship: _____	Benefit Percent: _____
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