

Primary/Secondary Beneficiary Information

Name: _____ Date: _____
(Please Print)

Basic Life (1.5 times your salary), Accidental Death & Dismemberment Insurance

<u>Beneficiary Name</u>	<u>Beneficiary SSN</u>	<u>Beneficiary Address & Phone Number</u>	<u>Beneficiary Date of Birth</u>	<u>Relationship</u>	<u>Primary? Y/N</u>	<u>Secondary? Y/N</u>	<u>Percentage Allocation</u>
		Phone #					
		Phone #					

Supplemental Life Insurance (if applicable) Beneficiary

<u>Beneficiary Name</u>	<u>Beneficiary SSN</u>	<u>Beneficiary Address & Phone Number</u>	<u>Beneficiary Date of Birth</u>	<u>Relationship</u>	<u>Primary? Y/N</u>	<u>Secondary? Y/N</u>	<u>Percentage Allocation</u>
		Phone #					
		Phone #					

Pension Beneficiary

<u>Beneficiary Name</u>	<u>Beneficiary SSN</u>	<u>Beneficiary Address & Phone Number</u>	<u>Beneficiary Date of Birth</u>	<u>Relationship</u>	<u>Primary? Y/N</u>	<u>Secondary? Y/N</u>	<u>Percentage Allocation</u>
		Phone #					
		Phone #					

Employee Signature: _____ Date: _____

(continued)

Payroll Beneficiary

<u>Beneficiary Name</u>	<u>Beneficiary SSN</u>	<u>Beneficiary Address & Phone Number</u>	<u>Beneficiary Date of Birth</u>	<u>Relationship</u>	<u>Primary? Y/N</u>	<u>Secondary? Y/N</u>	<u>Percentage Allocation</u>
		Phone #					
		Phone #					

Accident Beneficiary (The Standard)

<u>Beneficiary Name</u>	<u>Beneficiary SSN</u>	<u>Beneficiary Address & Phone Number</u>	<u>Beneficiary Date of Birth</u>	<u>Relationship</u>	<u>Primary? Y/N</u>	<u>Secondary? Y/N</u>	<u>Percentage Allocation</u>
		Phone #					
		Phone #					

Percentage Allocations of all beneficiaries (Primary and Secondary) must equal 100%. This means that your Primary beneficiaries must equal 100% and your Secondary beneficiaries must equal 100%.

Employee Signature: _____ Date: _____