



CITY OF SPRINGFIELD BENEFICIARY DESIGNATION

For group term life insurance and/or accidental death and dismemberment (AD&D) insurance.

Initial Beneficiary Designation

Change of all prior beneficiary designation(s)

Employee Name:	Employee ID Number:	Social Security Number: XXX - XX - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Employee Address:		Telephone Number: ()
Policy Holder/Employer: CITY OF SPRINGFIELD, OR		Policy Number: 09-LF1073

Remember the following when completing your Beneficiary Designation form:

- *Clearly identify your beneficiary(ies), providing each beneficiary's full name, date of birth, Social Security number, address, and relationship to you.*
- *You can name primary and contingent beneficiaries.*
 - **Primary:** *The primary beneficiary is the individual(s) who will receive the insurance proceeds at the time of your death.*
 - **Contingent:** *A contingent beneficiary, or secondary beneficiary, is the individual(s) who will receive the insurance proceeds if the primary beneficiary(ies) dies before you. Naming a contingent beneficiary is important, as there may be circumstances in which the primary beneficiary does not outlive you.*
- *If you name more than one primary or contingent beneficiary, make sure the beneficiary percentages add up to 100 percent for each class of beneficiary (primary and contingent).*
- **Minor Child:** *A minor child can be named as a beneficiary, but benefits cannot be released directly to the minor child. Benefits will be paid to the court-appointed guardian of the minor child's estate (or property). Parents are not automatically the guardians of a minor's estate. A parent may need to petition a local probate court where the child lives to be named guardian of the child's estate.*

PRIMARY BENEFICIARY (IES)	
(Primary 1)	(Primary 2)
Name: _____	Name: _____
Address: _____	Address: _____
Social Security Number: _____	Social Security Number: _____
Relationship: _____	Relationship: _____
Date of Birth: _____	Date of Birth: _____
Telephone Number: _____	Telephone Number: _____
Benefit Percent: _____ %	Benefit Percent: _____ %

CONTINGENT BENEFICIARY (IES)	
(Contingent 1) Name: _____ Address: _____ Social Security Number: _____ Relationship: _____ Date of Birth: _____ Telephone Number: _____ Benefit Percent: _____%	(Contingent 2) Name: _____ Address: _____ Social Security Number: _____ Relationship: _____ Date of Birth: _____ Telephone Number: _____ Benefit Percent: _____%
(Contingent 3) Name: _____ Address: _____ Social Security Number: _____ Relationship: _____ Date of Birth: _____ Telephone Number: _____ Benefit Percent: _____%	(Contingent 4) Name: _____ Address: _____ Social Security Number: _____ Relationship: _____ Date of Birth: _____ Telephone Number: _____ Benefit Percent: _____%

If changing my beneficiary(ies), 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 above.

<p>I, the undersigned, reserve the right to change the beneficiary(ies) without the consent of said beneficiary(ies).</p> <p>Signature of Employee: _____ Date: _____</p> <p>Please note that in no event may a beneficiary be changed by a Power of Attorney (POA)</p>
