



# Retiree Life Insurance Beneficiary Designation

Employee Name: \_\_\_\_\_ Employee ID#: \_\_\_\_\_

Email Address: \_\_\_\_\_ Last 4 of SS#: \_\_\_\_\_

Basic and Supplemental Group Life Insurance and Accidental Death and Dismemberment (AD&D)  
When designating a trust as a beneficiary, it is necessary to attach a copy of the Trust Document to this form.

PRIMARY BENEFICIARY(IES)				
Name	Relationship	Phone Number	Address - (Home/ Apt#, City, State, Zip)	Percentage (must =100%)
			Street:	
			City, State, Zip:	
			Street:	
			City, State, Zip:	
			Street:	
			City, State, Zip:	
			Street:	
			City, State, Zip:	

CONTINGENT BENEFICIARY(IES): Will only be entitled to receive the death benefit if there are no surviving primary beneficiaries.

Name	Relationship	Phone Number	Address - (Home/ Apt#, City, State, Zip)	Percentage (must =100%)
			Street:	
			City, State, Zip:	
			Street:	
			City, State, Zip:	
			Street:	
			City, State, Zip:	

Please DO NOT sign until you are in the presence of Benefits Division Staff

Notarization is required if this form is mailed to the Benefits Division Office

Employee Signature with a copy of picture ID \_\_\_\_\_ Date Signed \_\_\_\_\_ Notary Stamp, Signature and Date \_\_\_\_\_

Benefits Division Staff Signature \_\_\_\_\_ Date Signed \_\_\_\_\_