

# EMPLOYEE BENEFICIARY DESIGNATIONS FORM

Employee Name \_\_\_\_\_ Badge # \_\_\_\_\_

## PLEASE READ INSTRUCTIONS BEFORE COMPLETING FORM

Name your primary and secondary beneficiaries in the spaces provided below. If you name more than one primary or more than one secondary beneficiary, show the percentage to be paid to each beneficiary making sure it equals 100%. If no percentage is indicated, the amount to be paid will be divided equally amongst the designated beneficiaries. If the person/s you named as primary beneficiary is not living at the time of your death, the person/s named as secondary beneficiary will receive the benefit. You may also, designate the monies to go into a trust.

Please make sure your beneficiary designation or trust designation is clear so that there will be no question as to your meaning. Please do not write on the back of this form. If you need more space, complete and attach an additional beneficiary form.

<b><u>BASIC LIFE INSURANCE: (Company paid policy)</u></b>	<b>**Social security numbers <u>MUST</u> be noted for <u>ALL</u> beneficiaries**</b>
<b>Primary Beneficiary:</b>	
Full Name _____ SSN _____ Benefit % _____	
Full Name _____ SSN _____ Benefit % _____	
Full Name _____ SSN _____ Benefit % _____	
Full Name _____ SSN _____ Benefit % _____	
	<b>Benefit % total must equal 100%</b>
<b>Secondary Beneficiary:</b>	
Full Name _____ SSN _____ Benefit % _____	
Full Name _____ SSN _____ Benefit % _____	
	<b>Benefit % total must equal 100%</b>
<b><u>VOLUNTARY LIFE INSURANCE: (Employee paid policy)</u></b>	<b>**If no beneficiaries are designated in this section, the benefit will go to the designated beneficiaries in the Basic Life Insurance section**</b>
<b>Primary Beneficiary:</b>	
Full Name _____ SSN _____ Benefit % _____	
Full Name _____ SSN _____ Benefit % _____	
Full Name _____ SSN _____ Benefit % _____	
Full Name _____ SSN _____ Benefit % _____	
	<b>Benefit % total must equal 100%</b>
<b>Secondary Beneficiary:</b>	
Full Name _____ SSN _____ Benefit % _____	
Full Name _____ SSN _____ Benefit % _____	
	<b>Benefit % total must equal 100%</b>
<b><u>PENSION BENEFIT</u></b>	<b>**If no beneficiaries are designated in this section, the benefit, if any, will go to the designated beneficiaries in the Basic Life Insurance Section**</b>
<b>Primary Beneficiary:</b>	
Full Name _____ SSN _____ Benefit % _____	
Full Name _____ SSN _____ Benefit % _____	
Full Name _____ SSN _____ Benefit % _____	
Full Name _____ SSN _____ Benefit % _____	
	<b>Benefit % total must equal 100%</b>
<b>Secondary Beneficiary:</b>	
Full Name _____ SSN _____ Benefit % _____	
Full Name _____ SSN _____ Benefit % _____	
	<b>Benefit % total must equal 100%</b>

Date \_\_\_\_\_

Signature of Employee \_\_\_\_\_