



BENEFICIARY DESIGNATION FORM

Employee Name _____ [] New Employee
 [] Change in Beneficiary

To make a beneficiary designation for your Life, AD&D, Supplemental Life or Short Term Disability Survivor Benefit coverage(s) or change your existing beneficiary, please complete the form below and return it to our Life and Disability Department or your group administrator. Please indicate one or more primary and contingent beneficiary(ies), if any, to whom proceeds shall be payable upon employee's death (give full names and relationship(s)). The employee is the beneficiary of any TruAssure dependent life insurance.

Primary: (Attach additional sheet if necessary)

Name	Relation-ship	Address	Allocation %	Applies to:
				<input type="checkbox"/> Group Term Life <input type="checkbox"/> AD&D <input type="checkbox"/> Supplemental Life <input type="checkbox"/> STD Survivor Benefit
				<input type="checkbox"/> Group Term Life <input type="checkbox"/> AD&D <input type="checkbox"/> Supplemental Life <input type="checkbox"/> STD Survivor Benefit
				<input type="checkbox"/> Group Term Life <input type="checkbox"/> AD&D <input type="checkbox"/> Supplemental Life <input type="checkbox"/> STD Survivor Benefit

Contingent: (Attach additional sheet if necessary)

Name	Relation-ship	Address	Allocation %	Applies to:
				<input type="checkbox"/> Group Term Life <input type="checkbox"/> AD&D <input type="checkbox"/> Supplemental Life <input type="checkbox"/> STD Survivor Benefit
				<input type="checkbox"/> Group Term Life <input type="checkbox"/> AD&D <input type="checkbox"/> Supplemental Life <input type="checkbox"/> STD Survivor Benefit
				<input type="checkbox"/> Group Term Life <input type="checkbox"/> AD&D <input type="checkbox"/> Supplemental Life <input type="checkbox"/> STD Survivor Benefit

If more than one primary or contingent beneficiary is designated, payment of proceeds shall be made in equal shares to the named beneficiary(ies) surviving the employee, unless otherwise provided in the designation. Contingent beneficiaries are only entitled to such proceeds if no primary beneficiary survives the employee. If no designated beneficiary survives the employee, payment shall be made to the employee's estate unless otherwise provided in the group life insurance policy. The above designation supersedes all prior designations, if any, regarding the employee's Life, AD&D, Supplemental Life or Short Term Disability Survivor Benefit coverage(s).

Applicant's Signature: _____ Date Signed: _____

Employee SS# / ID#: _____ Group Policy Number: _____