

Important Information About Beneficiary Designations

Use this form to designate or make changes to the beneficiary(ies) of your group insurance death proceeds. The information on this form will replace any prior beneficiary designation. You may name anyone as your beneficiary and you may change your beneficiary at any time by completing a new Group Insurance Beneficiary Designation/Change form. Payment will be made to the named beneficiary, subject to the rights of any prior irrevocable beneficiary designation you may have made. If there is no named beneficiary, or the named beneficiary predeceases you, settlement will be made in accordance with the terms of your employer's group policy. **The benefit for a covered Dependent will be paid to You, if living, otherwise at Our option We may pay the benefit to Your surviving Spouse or to the executors or administrators of Your estate.**

DEFINITIONS

You may find the following definitions helpful in completing this form:

Primary Beneficiary(ies) – the person(s) you choose to receive your group insurance death proceeds. Payment will be made in equal shares unless otherwise specified. In the event that a designated primary beneficiary predeceases you, the proceeds will be paid to the remaining primary beneficiaries in equal shares or all to the sole remaining primary beneficiary.

Contingent Beneficiary(ies) – the person(s) you choose to receive your group insurance death proceeds if the primary beneficiary(ies) dies before you die. Payment will be made in equal shares unless otherwise specified. In the event that a designated contingent beneficiary predeceases you, the proceeds will be paid to the remaining contingent beneficiaries in equal shares or all to the sole remaining contingent beneficiary.

INSTRUCTIONS FOR DESIGNATING A PRIMARY OR CONTINGENT BENEFICIARY

1. EMPLOYEE INFORMATION

- All information in this section is required.

2. BENEFICIARY DESIGNATION

- You may name more than one primary and more than one contingent beneficiary. If you need additional space, please attach a separate sheet of paper.
- Please indicate the percentage share designated to each primary beneficiary. The total for all primary beneficiaries must equal 100%. If no percentages are specified, the proceeds will be split evenly among those named. Payment will be made to the named beneficiary. If there is no named beneficiary, or the named beneficiary predeceases you, settlement will be made in accordance with the terms of your employer's group policy. If designating percentages for contingent beneficiaries, the percentage for all contingent beneficiaries must also equal 100%.

Example: "Mary A. Doe"

- Each name should be listed as first name, middle initial, last name ("Mary A. Doe," not "Mrs. M. Doe").
- Include the address, relationship, date of birth, telephone number and social security number for each individual listed.
- Indicate the percentage to be assigned to each individual.

3. AUTHORIZATION/SIGNATURE

- The employee must read, sign and date the authorization.
- Please return this form to your Benefits Administrator or Human Resources and keep a copy for your records.

Group Insurance Beneficiary Designation/Change



SECTION 1. EMPLOYEE INFORMATION (please print)									
Last Name	First Name	MI	Employee ID Number	Gender (check one)		Group Policy Number	Name of Employer/Group Policyholder		
				Male	Female				
Address (mailing address)							Date of Birth		
SECTION 2. BENEFICIARY DESIGNATION: I hereby revoke any previous designations of primary beneficiary(ies) and contingent beneficiary(ies), if any, and in the event of my death, designate the following:									
A. Primary Beneficiaries									
First Name	MI	Last Name	Address (mailing address)	Relationship	Date of Birth	Phone Number	Social Security Number	% Share	
B. Contingent Beneficiaries							TOTAL: (must equal 100%)		
First Name	MI	Last Name	Address (mailing address)	Relationship	Date of Birth	Phone Number	Social Security Number	% Share	
							TOTAL: (must equal 100%)		

AUTHORIZATION /SIGNATURE: I authorize Group Insurance provider and my employer to record and consider the individuals that I have named on this form as beneficiaries for benefits under the group policy identified above. I understand that payments to the named beneficiaries are subject to the rights of irrevocable beneficiaries I may have designated or my existing assignees.

Employee Signature X _____ Date _____
 The employee must sign and date this form. The signature date must be the date the employee actually signs the form.

The effective date of the beneficiary designation will be the date the employee signs and dates the Group Insurance Beneficiary Designation/Change form.

*Administrative services are provided by Continental American Insurance Company (CAIC) in all states but NY. In NY, administrative services are provided by American Family Life Assurance Company of NY. In CA, CAIC does business as Continental American Life insurance Company.