

# U. S. Benefits – Beneficiary Designation Form



## Basic Life/Optional Life/AD&D (Full-time employees only)

Make your Basic Life/Optional Life/AD&D beneficiary designation below. Draw a line through and initial any listed beneficiaries whom you wish to remove. Add additional beneficiary information in the space provided. You must elect the same beneficiaries for Basic Life, Optional Life, and AD&D. Complete the “% of Benefit” column for primary (PRI) and contingent (CON) beneficiaries using whole percentages.

Note: No beneficiary designation is required for dependent life since the employee is always the beneficiary.

Beneficiary(ies) Name	Address, City, State, Zip	Relationship	Date of Birth	Gender (M or F)	SSN	% of Benefit	(Check One)	
							PRI	CON
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>

Unless otherwise provided herein, if more than one beneficiary is named, payment shall be made in equal shares to the beneficiaries who survive the Insured. If no beneficiary survives the Insured, payment shall be made in accordance with the terms of the policy. The right to further change the beneficiary is reserved without the consent of the beneficiary.

---

Please review this beneficiary form carefully to ensure it reflects your correct beneficiary designations.  
Please keep a copy of this form for your records.

Employee Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Print Employee Name: \_\_\_\_\_ Employee Number: \_\_\_\_\_

---