## LIFE INSURANCE Beneficiary Designation Form Anaheim Union High School District



Please return completed form to the AUHSD Health Benefits Department/Mail Stop #77

First Name: M.I.:	Last Name:	
Street Address:		
City:		Zip Code:
Employee ID Number:	Email Address:	
<ul> <li>This beneficiary information applies to all coverages applical</li> <li>The primary beneficiary is the individual(s) who will rec</li> <li>In the event the primary beneficiary(ies) predecease(s) the</li> <li>If no beneficiary is named, or no beneficiary survives the Group Contract.</li> <li>To change your beneficiaries, you must complete a new</li> <li>If you wish to name more beneficiaries than this form pand attach it.</li> </ul> Beneficiary Designation - (the total of Primary)	eive the insurance proceeds in the insured, the contingent beneficiary(is ne insured, settlement will be made of v form.	event of the insured's death. es) will receive the insurance proceeds e in accordance with the terms of the ist on an additional copy of this form
must equal 100%). If you need to list more beneficiaries	please attached additional pages of	of this form.
Primary (you must have at least one primary beneficiary)	-	<del>_</del>
Name:		
Address:	Date of Birth:	
City:		Zip Code:
Email Address:		
☐ Primary ☐ Contingent Percentage of benefit:_		
Name:	Relationship:  Date of Birth:	
Address:	Date of Birth.	I wate I i emale
City:	State:	Zip Code:
Email Address:		
☐ Primary ☐ Contingent Percentage of benefit:_		
Name:	Relationship:	<u>.</u>
	Date of Birth:	
Address:		
City:		Zip Code:
Email Address:	Telephone Number:	
Employee Signature:	[	Date :

## LIFE INSURANCE Beneficiary Designation

## Remember the following when completing your Beneficiary Designation form:

- Clearly identify your beneficiary(ies), providing each beneficiary's full name, date of birth, Social Security number, address, and relationship to you.
- You can name primary and contingent beneficiaries.

Primary: The primary beneficiary is the individual(s) who will receive the insurance proceeds at the time of your death.

**Contingent:** A contingent beneficiary, or secondary beneficiary, is the individual(s) who will receive the insurance proceeds if the primary beneficiary(ies) dies before you. Naming a contingent beneficiary is important, as there may be circumstances in which the primary beneficiary does not outlive you.

- If you name more than one primary or contingent beneficiary, make sure the beneficiary percentages add up to 100 percent for each class of beneficiary (primary and contingent).
- Minor child: A minor child can be named as a beneficiary, but benefits cannot be released directly to the minor child. Benefits will be paid to the court-appointed guardian of the minor child's estate (or property). Parents are not automatically the guardians of a minor's estate. A parent may need to petition a local probate court where the child lives to be named guardian of the child's estate.
- Make sure you sign and date the beneficiary designation form.
- · If no beneficiary is named, or if no beneficiary survives you, settlement will be made as provided in the Group Contract.

## To assist you, here are some examples of clear beneficiary designations.

One primary and two contingent beneficiaries	One primary and three contingent beneficiaries	
Primary Beneficiary: Jane Smith, spouse, 100%	Primary Beneficiary: Gayle Rich, spouse, 100%	
Contingent Beneficiaries: Paul Jones, brother, 50% Mary Park, sister, 50%	Contingent Beneficiaries: Teresa Rich, daughter, 40% Susan Rich, daughter, 40% Jason Rich, brother, 20%	