

# FORT BEND ISD EMPLOYEE BENEFICIARY CHANGE FORM

EMPLOYEE INFORMATION SECTION				
LAST NAME		FIRST NAME	M.I.	EMPLOYEE ID #
STREET ADDRESS				CITY / STATE / ZIP
HOME PHONE		BIRTHDATE	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOW
SCHOOL / CAMPUS / DEPARTMENT & OCCUPATION / JOB TITLE			START DATE	<input type="checkbox"/> NEW EMPLOYEE <input type="checkbox"/> CURRENT EMPLOYEE

If you need to add or remove any beneficiaries to PeopleSoft, please complete the table below.

BENEFICIARY INFORMATION SECTION					
BENEFICIARY NAME (Last, First, M.I.)	GENDER	DATE OF BIRTH (MM/DD/YYYY)	PHONE NUMBER	EMAIL ADDRESS	
					<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE
					<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE
					<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE
					<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE

**LIFE INSURANCE BENEFICIARY** *(Required for Basic Life Coverage)* Legal appointment of Guardian is required for minor. (Please attach sheet for additional Beneficiary). The % of primary/secondary beneficiaries must total 100%.

BENEFICIARY NAME	DATE OF BIRTH (MM/DD/YYYY)	RELATIONSHIP	% of BENEFITS	PRIMARY OR SECONDARY
				<input type="checkbox"/> PRIMARY <input type="checkbox"/> SECONDARY
				<input type="checkbox"/> PRIMARY <input type="checkbox"/> SECONDARY
				<input type="checkbox"/> PRIMARY <input type="checkbox"/> SECONDARY
				<input type="checkbox"/> PRIMARY <input type="checkbox"/> SECONDARY
				<input type="checkbox"/> PRIMARY <input type="checkbox"/> SECONDARY
				<input type="checkbox"/> PRIMARY <input type="checkbox"/> SECONDARY

## Employee Acknowledgment

I AUTHORIZE my employer to record and consider the individuals/instructions that I have named on this form as beneficiaries for benefits under the applicable employee benefits plan.

If more than one primary and/or contingent Beneficiary is designated and no percentage has been designated, settlement will be made in equal shares to such of the designated beneficiaries as survive the Insured, unless otherwise provided herein. If no designated beneficiary survives the Insured, settlement will be made to the estate of the Insured, unless otherwise provided in the Group Plan.

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE