

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

First Name: _____ M.I.: _____ Last Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Social Security Number: _____ Email Address: _____

- This beneficiary information applies to all coverages applicable to the covered employee and will replace any prior beneficiary designation.
- The primary beneficiary is the individual(s) who will receive the insurance proceeds in the event of the insured's death.
- In the event the primary beneficiary(ies) predecease(s) the insured, the contingent beneficiary(ies) will receive the insurance proceeds.
- If no beneficiary is named, or no beneficiary survives the insured, settlement will be made in accordance with the terms of the Group Contract.
- To change your beneficiaries, you must complete a new form.
- If you wish to name more beneficiaries than this form provides space for, complete your list on an additional copy of this form and attach it.

Beneficiary Designation - (the total of Primary Beneficiaries must equal 100%, and the total of Contingent Beneficiaries must equal 100%). If you need to list more beneficiaries please attached additional pages of this form.

Primary (you must have at least one primary beneficiary) Percentage of benefit: _____
Name: _____ Relationship: _____
Social Security/ Tax ID Number: _____ Date of Birth: _____ Male Female
Address: _____
City: _____ State: _____ Zip Code: _____
Email Address: _____ Telephone Number: _____

Primary Contingent Percentage of benefit: _____
Name: _____ Relationship: _____
Social Security/ Tax ID Number: _____ Date of Birth: _____ Male Female
Address: _____
City: _____ State: _____ Zip Code: _____
Email Address: _____ Telephone Number: _____

Primary Contingent Percentage of benefit: _____
Name: _____ Relationship: _____
Social Security/ Tax ID Number: _____ Date of Birth: _____ Male Female
Address: _____
City: _____ State: _____ Zip Code: _____
Email Address: _____ Telephone Number: _____

Employee Signature: _____ Date : _____

Complete this form and return to the AUHSD Health Benefits department/Mail Stop #77
Retain a copy for your records.

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%