

Group Term Life Insurance Beneficiary Designation Form:

Group No. _____



Employer_ Seeley Union School District

Member Information:				
Last Name	First Name	MI	SSN	DOB

Primary Beneficiary Designation:						
Last Name	First Name	MI	SSN	DOB	Relationship	% Payable to Each
Address			City	State		ZIP Code
Address			City	State		ZIP Code
Address			City	State		ZIP Code
Address			City	State		ZIP Code

Contingent Beneficiary Designation: <i>If above beneficiary(ies) predeceases me, I designate the following my contingent beneficiary(ies)</i>						
Last Name	First Name	MI	SSN	DOB	Relationship	% Payable to Each
Address			City	State		ZIP Code
Address			City	State		ZIP Code

I reserve the right to change this designation at any time. If more than one beneficiary is designated, payment will be made in equal shares, or in proportionate shares based on the percentages designated above, to each surviving beneficiary. If no beneficiary survives the insured, payment shall be made in accordance with the terms of the policy.

Insured's Signature	Date

Witness Signature (someone other than beneficiary)	Date