



Public Sector
Group Insurance Plan

GROUP INSURANCE PLAN BENEFICIARY DESIGNATION FORM

Administered by:



NEW CHANGE

MEMBER INFORMATION

First Name	Last Name	Member No.
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BENEFICIARY DESIGNATION

Complete each section for any benefits for which you have coverage. If a beneficiary is not assigned "Estate" will be assumed. If you name more than one beneficiary, percentages for each benefit must total 100% to be valid.

Basic Life

First Name	Last Name	Relationship	Percentage
			%
			%
			%

Basic Accidental Death & Dismemberment (AD&D)

First Name	Last Name	Relationship	Percentage
			%
			%
			%

Optional Life Insurance

First Name	Last Name	Relationship	Percentage
			%
			%
			%

Voluntary Accidental Death & Dismemberment (AD&D)

First Name	Last Name	Relationship	Percentage
			%
			%
			%

You are the beneficiary for any Dependent / Spousal Insurance

CONTINGENT BENEFICIARY DESIGNATION

If you wish to appoint a contingent beneficiary in the event all primary beneficiary(ies) named should die before you, please complete this section.

First Name	Last Name	Relationship	Percentage
			%
			%
			%

TRUSTEE DESIGNATION:

You **must** name a Trustee for your insurance if a named Beneficiary is under age 18.

I appoint _____ as Trustee to receive any amount due to any beneficiary under the age of 18.

AUTHORIZATION

This beneficiary designation supersedes and replaces any previous designations. **Your beneficiary cannot witness your signature.**

Member's Signature

Witness Signature

Date (dd/mm/yy)

Date (dd/mm/yy)