



## Beneficiary Designation Form

**For residents of Oregon and Washington**, the definition of a Spouse includes your legal husband or wife or your State Certified/Registered Domestic Partner. Please contact your employer for any additional eligibility requirements.

**For residents of Idaho, Utah, Montana and Wyoming**, the definition of a Spouse includes your legal husband or wife. Please contact your employer for any additional eligibility requirements.

**Please print in blue or black ink; complete all information requested.**

<b>Employer Name</b> COLLEGE OF SOUTHERN IDAHO		<b>Group Number</b> ID03873I	
<input type="checkbox"/> New Designation		<input type="checkbox"/> Change of Existing Designation	
Employee's Name (Last, First MI)	Date of Birth	<input type="checkbox"/> M <input type="checkbox"/> F	Social Security Number

If you wish to name additional beneficiaries, please attach a separate piece of paper with all of the necessary information, including the date and your signature.

<b>Primary Beneficiary</b> (Last, First MI)	Date of Birth	<input type="checkbox"/> M <input type="checkbox"/> F	Social Security Number
Beneficiary Address (Street, City, State and Zip)	Relationship To You		<b>Benefit %</b>
<b>Primary Beneficiary</b> (Last, First MI)	Date of Birth	<input type="checkbox"/> M <input type="checkbox"/> F	Social Security Number
Beneficiary Address (Street, City, State and Zip)	Relationship To You		<b>Benefit %</b>

**If Primary Beneficiary(ies) dies before you, the benefit will be paid to your Contingent Beneficiary(ies).**

<b>Contingent Beneficiary</b> (Last, First MI)	Date of Birth	<input type="checkbox"/> M <input type="checkbox"/> F	Social Security Number
Beneficiary Address (Street, City, State and Zip)	Relationship To You		<b>Benefit %</b>

**Sign, date and return this form to your Benefits Administrator.**

<b>Signature of Employee</b>	<b>Date Signed</b>
------------------------------	--------------------

### Instructions for Completing Your Beneficiary Designation

The Primary Beneficiary receives the Life and AD&D proceeds upon your death. You may have more than one Primary Beneficiary. If so, please provide all requested information, and the percentage of proceeds you would like each Primary Beneficiary to receive. The Contingent Beneficiary receives proceeds only if the Primary Beneficiary(ies) dies before you. Please provide all requested information. Examples follow:

- |  |  |
|--|--|
| A. One Primary Beneficiary                             | Mary R. Jones – 100% (list information)  |
| B. Two or more Primary Beneficiaries                   | 50% to John Jones and 50% to Sally Smith (list info. for both)                   |
| C. Two or more Primary Beneficiaries in Unequal Shares | 75% to John Jones and 25% to Sally Smith (list info. for both)                   |
| D. One Primary and Contingent Beneficiary              | 100% to Mary R. Jones, if living, otherwise to Sally Smith (list info. for both) |
| E. Trustee   | Mary R. Jones, Trustee, under trust agreement dated _____                        |
| F. Insured's Estate                                    | My Estate  |

Under items B. and C. above, if one of the Primary Beneficiaries dies before you, 100% of the proceeds will go to the living Primary Beneficiary(ies).

*Do you know that if death occurs and a minor (a person not of legal age) is the beneficiary, it may be necessary to have a Guardian of the Estate of the minor, or a Conservator for the minor appointed before any death benefit can be paid? This means legal expenses for the beneficiary and delay in the payment of the insurance. Please take this into consideration when naming your beneficiary.*