

**Beneficiary Designation / Spousal Consent Form**

Group Number:	Social Security Number:
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**EMPLOYEE INFORMATION**

Employer Name:

Employee Name: Last	First	MI
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**Are you currently married?** NO \_\_\_\_\_  
 YES \_\_\_\_\_ If you are married and designate your spouse as the Primary Beneficiary for less than 100% of your death benefit, your spouse must sign the Spousal Consent Agreement below, unless this consent is not deemed applicable by your Plan Administrator. If consent is applicable, you must also complete a QPSA waiver and spousal consent (page two if this document).

*Receipt of this form in the offices of your Employer cancels all prior beneficiary designations filed with your Employer. No change of Beneficiary will take effect until this request has been received by your employer.*

**Beneficiary Information**

Upon the death of the Covered Person, all proceeds will be paid to the living beneficiaries in the order signed below. Only the Covered Person may change the designation. If no Beneficiary is designated, your death benefit will be paid in accordance with the policy under which you are covered.

**Please provide the following information for each Beneficiary:**

1. Full Name of Individual or Trust	5. Relationship to the Insured
2. Address	6. Percentage of Death Benefit
3. Social Security Number	7. Date of Trust (if applicable) and Tax ID number
4. Date of Birth	

**Primary Beneficiary (ies):**

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**Contingent Beneficiary(ies):**

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**Please see the following page for additional signatures that may be applicable to your beneficiary designations.**

\_\_\_\_\_  
 Employee Signature Date

\_\_\_\_\_  
 Signature of Witness (Plan Administrator or Notary Public) Date

**SPOUSAL CONSENT TO DESIGNATION OF BENEFICIARY OTHER THAN SPOUSE**

(Your spouse must sign here if you are married and your spouse is not named as your only Primary Beneficiary)

