



Shelby County Government (#67848-1)

Group Term Life Insurance Beneficiary Designation Change Request Form

EMPLOYEE INSTRUCTIONS: Please complete this form, sign & date, and return it to your Employer.

Employer Use Only

Employee ID:
Effective Date:
Processed By:

Employee Information

Employee Name (last, first, middle initial)	Date of Birth (mm/dd/yyyy)	Social Security #	Employee ID #
Employee Address (street address, city, state, zip code)	Work Phone #	Home Phone #	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male

Beneficiary Designation Information

Primary Beneficiary: The person designated to receive insurance proceeds when they become due.

Contingent Beneficiary: (Also referred to as a secondary beneficiary.) An alternate beneficiary designated to receive insurance proceeds if there is no eligible primary beneficiary.

I request that the beneficiaries under this policy/certificate be changed as indicated below. Unless otherwise indicated in this request, if two or more primary beneficiaries are named, the death benefit proceeds shall be paid in equal shares to the named primary beneficiaries, if living. If no primary beneficiaries are living, the death benefit proceeds shall be paid in equal shares to the named contingent beneficiaries, if any.

Basic Life Insurance - Primary Beneficiary(ies)

Full Name (last name, first, middle initial)	Date of Birth	Social Security Number	Phone Number	Relationship to Employee	Benefit %

Full Name (last name, first, middle initial)	Date of Birth	Social Security Number	Phone Number	Relationship to Employee	Benefit %

Full Name (last name, first, middle initial)	Date of Birth	Social Security Number	Phone Number	Relationship to Employee	Benefit %

Basic Life Insurance - Contingent Beneficiary(ies)

Full Name (last name, first, middle initial)	Date of Birth	Social Security Number	Phone Number	Relationship to Employee	Benefit %

Full Name (last name, first, middle initial)	Date of Birth	Social Security Number	Phone Number	Relationship to Employee	Benefit %

Authorization and Acknowledgement

This designation is revocable as to each beneficiary except when otherwise stated, and beneficiaries of like class shall share equally with right of survivorship. Any designation of an individual shall mean an individual living at the insured's death.

Insured Signature/Owner

Date

Insured Address/Owner (include city, state, and zip code)