

BENEFICIARY DESIGNATION



Initial

Change – Revoking hereby any previous designation which may be inconsistent herewith, I direct that the insurance proceeds, payable under my Employers Group Insurance Plan in the event of my death, be paid as indicated below.

Employee Name	Social Security Number
Policyholder/Employer	Policy/Employer Number

NAMING THE BENEFICIARY

It is important that your beneficiary designation be clear so that there will be no question as to your meaning. It is also important that you name a primary and contingent beneficiary. When naming your beneficiary(ies) please indicate their full name, address, social security number, relationship and, if a minor, the age of that minor. If the beneficiary is not related either by blood or marriage insert the words "Not Related". On the reverse side of this form you will find examples of common beneficiary designations. If you need assistance, contact your company representative or your own legal counsel.

Primary Beneficiary(ies)

Name: _____

Address: _____

Social Security Number: _____ Age (if minor): _____ Relationship: _____

Name: _____

Address: _____

Social Security Number: _____ Age (if minor): _____ Relationship: _____

Name: _____

Address: _____

Social Security Number: _____ Age (if minor): _____ Relationship: _____

Contingent Beneficiary(ies)

Name: _____

Address: _____

Social Security Number: _____ Age (if minor): _____ Relationship: _____

Name: _____

Address: _____

Social Security Number: _____ Age (if minor): _____ Relationship: _____

The right to change the beneficiary(ies) without consent of said beneficiary(ies) is reserved.

Signature of Employee _____ Date _____