

Basic Group Life Insurance Beneficiary Form

EMPLOYER	1. NAME	2. EMPLOYER ID#
	3. ADDRESS (NO., STREET, CITY, STATE AND ZIP CODE)	4. PHONE NO. ()

EMPLOYEE	5. NAME (LAST, FIRST, M.I.)	6. HIRE DATE / /	7. SOCIAL SECURITY NO. — —
	8. ADDRESS (NO., STREET, CITY, STATE AND ZIP CODE)		
	9a. PHONE NO. ()	9b. CELL PHONE NO. ()	9c. EMAIL ADDRESS
	10. SEX M <input type="checkbox"/> F <input type="checkbox"/>	11. BIRTHDATE / /	12. MARITAL STATUS SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DATE ___/___/___

BENEFICIARY(IES)	10. BENEFICIARY(IES) NAME	RELATIONSHIP	ADDRESS	CITY	STATE	ZIP	PERCENTAGE
							%
							%
							%
							%

total should equal 100%

NEW HIRE CHANGE OF BENEFICIARY

EMPLOYEE SIGNATURE _____ DATE _____