

# VOLUNTARY TERM LIFE Insurance Beneficiary Form

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

<b>EMPLOYEE</b>	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 ___/___/___

<b>BENEFICIARY(IES)</b>	10. BENEFICIARY(IES) NAME	RELATIONSHIP	ADDRESS	CITY	STATE	ZIP	PERCENTAGE
							%
							%
							%
							%

total should equal 100%

NEW HIRE       CHANGE OF BENEFICIARY

EMPLOYEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_