BENEFICIARY DESIGNATION



revoke any previous beneficiary desig	OR Change of all prior beneficiary designation(s), if any, for my group term life insurants group or employer and direct that the insurance	ce and/or accidental death and dismember-
Employee Name		Social Security Number
Employee Address		Telephone Number
Policyholder/Employer		Policy/Employer Number
that you name a primary and contingen social security number, and relationship	signation be clear so that there will be no questi t beneficiary. When naming your beneficiary(ion). If the beneficiary is not related either by bloot ll find examples of common beneficiary designation.	es) please indicate their full name, address, d or marriage, insert the words, "Not Related."
		Date of Birth
Address:		
Social Security Number:	Relationship:	Benefit Percent:
		Date of Birth
	Relationship:	Benefit Percent:
CONTINGENT BENEFICIARY(IES)	1	
		Date of Birth
	Relationship:	Benefit Percent:
Name:		Date of Birth
Address:		
Social Security Number:	Relationship:	Benefit Percent:
	t to change the beneficiary(ies) without the	• • • • • • • • • • • • • • • • • • • •
DISTABLLE OF EMPLOYEE		Date

BENEFICIARY DESIGNATION



revoke any previous beneficiary design	OR Change of all prior beneficiary designation(s), if any, for my group term life insurangroup or employer and direct that the insurangroup or employer and	ce and/or accidental death and dismember-
Employee Name		Social Security Number
Employee Address		Telephone Number
Policyholder/Employer		Policy/Employer Number
that you name a primary and contingent social security number, and relationship	I find examples of common beneficiary design	es) please indicate their full name, address, od or marriage, insert the words, "Not Related."
Name:		Date of Birth
Address:		
Social Security Number:	Relationship:	Benefit Percent:
Name:		Date of Birth
Address:		
Social Security Number:	Relationship:	Benefit Percent:
CONTINGENT BENEFICIARY(IES)		
Name:		Date of Birth
Address:		
•	•	Benefit Percent:
		Date of Birth
Address:		
Social Security Number:	Relationship:	Benefit Percent:
I, the undersigned, reserve the right	to change the beneficiary(ies) without the	e consent of said beneficiary(ies).
Signature of Employee		Date

Following are examples of the most common beneficiary designations:

Mary J. Doe, Wife (not Mrs. John Doe).

Mary J. Doe, Wife, if living, otherwise to Joseph W. Doe, Son.

Mary J. Doe, Wife, if living, otherwise to Jane Doe, Daughter, and Joseph W. Doe, Son in equal shares, if they are both living, otherwise to whichever of them survive me.

Estate of the Insured.

If you name more than one beneficiary with unequal shares, please show the percent of insurance to be paid to each beneficiary, for example "33 1/3% to Mary Jones, Mother and $66\ 2/3\%$ to Edith Jones, Wife."





	BENE	EFICIARY DESIG	GNATION	HARTFORD
Initial Beneficiary Desi revoke any previous benefic ment (AD&D) insurance is as indicated below.	ciary designation(s), if	any, for my group term life	e insurance and/or accid	
Employee Name	John Doe			Social Security Number 000-00-0000
Employee Address				Telephone Number
Policyholder/Employer	ABC CO., INC.	, Anytown, CT 00000		(000) 000-0000 Policy/Employer Number GL-22222
NAMING THE BENEF It is important that your benefithat you name a primary and social security number, and r On the reverse side of this fo Company representative or y	FICIARY eficiary designation be contingent beneficiary elationship. If the ben rm you will find exam	y. When naming your bene efficiary is not related either ples of common beneficiar	ficiary(ies) please indic r by blood or marriage,	ntent. It is also important rate their full name, address, insert the words, "Not Related."
PRIMARY BENEFICIARY	(IES)			
Name:	Jane Doe			Date of Birth
Address:	123 ABC Lane,	Anytown, CT 00000		
Social Security Number:	121-21-2121	Relationship:	Spouse	Benefit Percent:100
Name:				Date of Birth
Address:				
Social Security Number:		Relationship:		Benefit Percent:
CONTINGENT BENEFICIA	ARY(IES)			
Name:	Richard Doe			Date of Birth
Address:	555 Generic Stre			
Social Security Number:		Relationship:	- 11	Benefit Percent: 100
Name:				Date of Birth
Address:				
Social Security Number:		Relationship:		Benefit Percent:
I, the undersigned, reserve	e the right to change	the beneficiary(ies) wit		aid beneficiary(ies). Oate 02/01/02





	BENE	FICIARY DESIG	INATION	Hartford
Initial Beneficiary Designervoke any previous beneficiary (AD&D) insurance is as indicated below.	ciary designation(s), if	any, for my group term lif	e insurance and/or accide	
Employee Name	John Doe			Social Security Number
Employee Address	,			Telephone Number
	100 Main Street,	Anytown, CT 00000		(000) 000-0000
Policyholder/Employer	ABC CO., INC.	•		Policy/Employer Number GL-22222
NAMING THE BENEF				
It is important that your bene that you name a primary and social security number, and re On the reverse side of this for Company representative or y	contingent beneficiary elationship. If the benoming you will find exam	 When naming your bene efficiary is not related eithe ples of common beneficiar 	eficiary(ies) please indica er by blood or marriage, in	te their full name, address, nsert the words, "Not Related."
PRIMARY BENEFICIARY(IES)			
Name:	Jane Doe			Date of Birth
Address:	123 ABC Lane,	Anytown, CT 00000		
Social Security Number:	121-21-2121	Relationship:	Spouse	Benefit Percent: 100
Name:				Date of Birth
Address:				
Social Security Number:		Relationship:		Benefit Percent:
CONTINGENT BENEFICIA	ARY(IES)			
Name:	Richard Doe			Date of Birth
Address:	555 Generic Stre	et, Anytown, CT 0000	0	
Social Security Number:	555-55-5555	Relationship:	Brother	Benefit Percent: 100
Name:				Date of Birth
Address:				
Social Security Number:		Relationship:		Benefit Percent:
I, the undersigned, reserve	e the right to change	the beneficiary(ies) wit	thout the consent of sa	id beneficiary(ies)
Signature of Employee	1 -	The bolleticiary (166) with		

Following are examples of the most common beneficiary designations:

Mary J. Doe, Wife (not Mrs. John Doe).

Mary J. Doe, Wife, if living, otherwise to Joseph W. Doe, Son.

Mary J. Doe, Wife, if living, otherwise to Jane Doe, Daughter, and Joseph W. Doe, Son in equal shares, if they are both living, otherwise to whichever of them survive me.

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If you name more than one beneficiary with unequal shares, please show the percent of insurance to be paid to each beneficiary, for example "33 1/3% to Mary Jones, Mother and $66\ 2/3\%$ to Edith Jones, Wife."

SUPPLEMENT TO ADMINISTRATIVE MANUAL

STATE OF FLORIDA

BENEFICIARY DESIGNATION

Florida \$\mathbb{#}627.552\$ applies to Group Life Insurance policies and prohibits employees from naming the employer as beneficiary.

Employers, on receipt of enrollment forms and beneficiary designation forms, should review beneficiary designations to assure conformity with the law.

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