

Employee Signature:

Employee Name (Last, First, Middle)

Address (Street City State Zin Code)

Lee County Board of County Commissioners Beneficiary Designation Form

Social Security Number

TOTAL

The total share of all contingent beneficiaries must equal 100%.

Telephone Number

I Am Completing This Form for ☐ Basic Life/ADD ☐ Optional Life ☐ Both (If naming different beneficiaries for Basic and Optional Life, complete a separate form for each.)

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• The F • In the • If no • To ch	beneficiary information applies to all covera Primary Beneficiary is the individual(s) who be event the Primary Beneficiary(ies) predect beneficiary is named, or no beneficiary survitange your beneficiaries, you must complete u wish to name more beneficaries than this	will receive the insurance proceed ease(s) the insured, the Continger rives the insured, settlement will be e a new form.	ds in the event of the in nt Beneficiary(ies) will re made in accordance	sured's dea eceive the with the term	ath. insurance proceeds. ms of the Group Contract.	
Prima	ary Beneficiary (the total of all prima	ry beneficiaries must equal	100%)			
	Name (Last, First, Middle)	Date of Birth	Social Security Nu	ımber	Relationship	% of Benefit
1.	Address			Phone Nu	mber	
2.	Name (Last, First, Middle)	Date of Birth	Social Security Nu	ımber	Relationship	% of Benefit
	Address			Phone Nu	mber	
3.	Name (Last, First, Middle)	Date of Birth	Social Security Nu	ımber	Relationship	% of Benefit
	Address			Phone Nu	mber	
			The total share of a	I primary be	TOTA eneficiaries must equal 100%	_
O ''			14000/			
Conti	ngent Beneficiary (the total of all co Name (Last, First, Middle)	Date of Birth	Social Security Nu	ımher	Relationship	% of Benefit
1.	Traine (Edot, First, Middle)	Date of Birth	Coolai Cecanty 140		relationship	70 OF Benefit
	Address			Phone Number		
	Name (Last, First, Middle)	Date of Birth	Social Security Nu	ımber	Relationship	% of Benefit
2.	Address			Phone Nu	mber	

Complete form(s) and retain a copy for your records.

Please return the completed form(s) to Lee County Human Resources.

Date:



Remember the following when completing your Beneficiary Designation form:

- Clearly identify your beneficiary(ies), providing each beneficiary's full name, date of birth, Social Security Number, address, telephone number, and relationship to you.
- · You can name primary and contingent beneficiaries.

Primary: The primary beneficiary is the individual(s) who will receive the insurance proceeds at the time of your death.

Contingent: A contingent beneficiary, or secondary beneficiary, is the individual(s) who will receive the insurance proceeds if the primary beneficiary(ies) dies before you. Naming a contingent beneficiary is important, as you may outlive the primary beneficiary, or die simultaneously.

- If you name more than one primary or contingent beneficiary, make sure the beneficiary percentages add up to 100% for each class of beneficiary (primary and contingent).
- Minor child: A minor child can be named as a beneficiary, but benefits cannot be released
 directly to the minor child. Benefits will be paid to the court-appointed guardian of the minor
 child's estate (or property). Parents are not automatically the guardians of a minor's estate.
 A parent may need to petition a local probate court where the child lives to be named
 guardian of the child's estate.
- Make sure you sign and date the Beneficiary Designation Form.
- If no beneficiary is named, or if no beneficiary survives you, settlement will be made as provided in the Group Contract.

To assist you, here are some examples of clear beneficiary designations.

One Primary and two Contingent Beneficiaries	One Primary and three Contingent Beneficiaries
Primary Beneficiary: Jane Smith, Spouse, 100%,	Primary Beneficiary: Gayle Rich, Spouse, 100%
Contingent Beneficiaries: Paul Jones, Brother, 50% Mary Park, Sister, 50%	Contingent Beneficiaries: Teresa Rich, Daughter, 40% Susan Rich, Daughter, 40% Jason Rich, Brother, 20%

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