**Standard Insurance Company**

Lee County Board of County Commissioners
**Beneficiary Designation Form**

I Am Completing This Form for: ☐ Basic Life/ADD ☐ Additional ☐ Both

| **Employee Name *(First, Middle, Last)*** | ***Date of Birth*** | **Social Security Number** |
|---|---|---|
| | | |
| **Address *(Street, City, State, Zip Code)*** | | **Phone Number** |
| | | |

- This designation will apply to the following Standard Insurance Company coverage(s) if available to you through your Employer: Life Insurance and Life with Accidental Death & Dismemberment (AD&D) Insurance.
- Designations made below, or on a separate sheet of paper, are not valid unless signed, dated, and delivered to your Employer during your lifetime.
- Return the completed form to your Human Resources Department.

**Primary Beneficiary (the total of all primary beneficiaries must equal 100%)**

| | Name (First, Middle, Last) | Date of Birth | Social Security Number | Relationship | % of Benefit |
|---|---|---|---|---|---|
| **1.** | | | | | |
| | Address | | | Phone Number | |
| | | | | | |
| **2.** | Name (First, Middle, Last) | Date of Birth | Social Security Number | Relationship | % of Benefit |
| | | | | | |
| | Address | | | Phone Number | |
| | | | | | |
| **3.** | Name (First, Middle, Last) | Date of Birth | Social Security Number | Relationship | % of Benefit |
| | | | | | |
| | Address | | | Phone Number | |
| | | | | | |

*The total share of all primary beneficiaries must equal 100%* **TOTAL**

**Contingent Beneficiary (the total of all contingent beneficiaries must equal 100%)**

| | Name (First, Middle, last) | Date of Birth | Social Security Number | Relationship | % of Benefit |
|---|---|---|---|---|---|
| **1.** | | | | | |
| | Address | | | Phone Number | |
| | | | | | |
| **2.** | Name (First, Middle, Last) | Date of Birth | Social Security Number | Relationship | % of Benefit |
| | | | | | |
| | Address | | | Phone Number | |
| | | | | | |
| **3.** | Name (First, Middle, Last) | Date of Birth | Social Security Number | Relationship | % of Benefit |
| | | | | | |
| | Address | | | Phone Number | |
| | | | | | |

*The total share of all contingent beneficiaries must equal 100%* **TOTAL**

| **Employee Signature:** | **Date:** |
|---|---|
| | |

*Complete form and retain a copy for your records.*

# Standard Insurance Company

## Remember the following when completing your Beneficiary Designation form:

- Your designation revokes all prior designations.
- Benefits are payable to a contingent Beneficiary only if you are not survived by one or more primary Beneficiaries.
- If you name two or more Beneficiaries in a class (primary or contingent), two or more surviving Beneficiaries will share equally, unless you provide for unequal shares.
- If a minor (a person not of legal age) or your estate is the Beneficiary, it may be necessary to have a guardian, or a legal representative appointed by the court before any death benefit can be paid. If the Beneficiary is a trust or trustee, the written trust must be identified in the Beneficiary designation. For example," Dorothy Q. Smith, Trustee under the trust agreement dated_____."
- A power of attorney must grant specific authority, by the terms of the document or applicable law, to make or change a Beneficiary designation. If you have questions, consult your legal advisor.
- Dependents Insurance and Life Insurance on your Spouse, if any, is payable to you, if living, or as provided under your Employer's coverage under the Group Policy.
- If you complete the "% of Benefits" box (es), the amounts should add up to 100% for each class (primary or contingent). For example, "Primary - John Q. Doe. 60%, Jane Q. Doe, 40%.

## 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:**<br>Jane Smith, Spouse, 100%,<br><br>**Contingent Beneficiaries:**<br>Paul Jones, Brother, 50% Mary Park, Sister, 50% | **Primary Beneficiary:**<br>Gayle Rich, Spouse, 100%<br><br>**Contingent Beneficiaries:** Teresa Rich, Daughter, 40% Susan Rich, Daughter, 40% Jason Rich, Brother, 20% |

*Complete form and retain a copy for your records. Please return the completed form to Lee County Human Resources at benefits@leegov.com or via mail.*