**The Standard Insurance Company**

# Lee County Board of County Commissioners

Beneficiary Designation Form

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Primary Beneficiary (the total of all primary beneficiaries must equal 100%)** | | | | | | |
| **1.** | Name (Last, First, Middle) | Date of Birth | Social Security Number | | Relationship | % of Benefit |
|  |  |  | |  |  |
| Address | | | Phone Number | |
|  | | |  | |
| **2.** | Name (Last, First, Middle) | Date of Birth | Social Security Number | | Relationship | % of Benefit |
|  |  |  | |  |  |
| Address | | | Phone Number | |
|  | | |  | |
| **3.** | Name (Last, First, Middle) | Date of Birth | Social Security Number | | Relationship | % of Benefit |
|  |  |  | |  |  |
| Address | | | Phone Number | |
|  | | |  | |
|  | | | | | |  |

I Am Completing This Form for 󠇨󠇨Basic Life/ADD 󠇨󠇨Optional Life 󠇨󠇨Both

|  |  |
| --- | --- |
| **Employee Name *(Last, First, Middle)*** | **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 singed, dated, and delivered to your Employer during your lifetime. * Return the completed form to your Human Resources Department. | |

## TOTAL

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Contingent Beneficiary (the total of all contingent beneficiaries must equal 100%)** | | | | | | | |
| **1.** | Name (Last, First, Middle) | Date of Birth | Social Security Number | | | Relationship | % of Benefit |
|  |  |  | | |  |  |
| Address | | | Phone Number | | |
|  | | |  | | |
| **2.** | Name (Last, First, Middle) | Date of Birth | Social Security Number | | | Relationship | % of Benefit |
|  |  |  | | |  |  |
| Address | | | Phone Number | | |
|  | | |  | | |
| **3.** | Name (Last, First, Middle) | Date of Birth | Social Security Number | | | Relationship | % of Benefit |
|  |  |  | | |  |  |
| Address | | | Phone Number | | |
|  | | |  | | |
| **4.** | Name (Last, First, Middle) | Date of Birth | Social Security Number | | Relationship | | % of Benefit |
|  |  |  | |  | |  |
| Address | | | Phone Number | | |
|  | | |  | | |
|  | | | | | | |  |

## TOTAL

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

Employee Signature: Date:

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

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

* Your destination 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:**  Jane Smith, Spouse, 100%,  **Contingent Beneficiaries:**  Paul Jones, Brother, 50% Mary Park, Sister, 50% | **Primary Beneficiary:**  Gayle Rich, Spouse, 100%  **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.*

The Standard Insurance Company

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