

LIFE INSURANCE CHANGE IN BENEFICIARY FORM



All beneficiary designations must: be signed and dated by employee, be witnessed by a person who is not the beneficiary, include the full name of beneficiary, relationship to insured, date of birth and Social Security Number. This form cannot contain any crossed-out words. If a mistake is made, a new form must be completed.

School Unit _____ Employee's Name (Last, First, M.I.) _____

Social Security # ____ - ____ - ____ Address: _____

Home Telephone: () _____ - _____ Work Telephone: () _____ - _____

BENEFICIARY DESIGNATION: I hereby change my beneficiary to the following:

Primary Name(s) _____ Relationship _____ Date of Birth _____ Social Security # _____

Contingent Name(s) _____ Relationship _____ Date of Birth _____ Social Security # _____

Employee Signature: _____

Date: _____

Signature of Witness: _____