



JEFFERSON COUNTY COMMISSION

BENEFICIARY DESIGNATION FORM – BASIC & VOLUNTARY GROUP LIFE and GROUP ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE

Please complete, sign and date this form to designate your beneficiary(ies) or to change your existing beneficiary(ies). If more than one beneficiary is named and no percentages are indicated, payment will be made to them in equal shares. If percentages are listed the total percentage designations must equal 100%.

SECTION 1 – EMPLOYEE INFORMATION – the INSURED (PLEASE PRINT)

EMPLOYEE NAME _____ SOCIAL SECURITY NUMBER _____

SECTION 2: PRIMARY BENEFICIARY(IES) – Person(s) who will receive benefits in the event of the insured's death.

| NAME / RELATIONSHIP | Last 4 SSN | ADDRESS | % |
|---------------------|------------|---------|---|
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SECTION 3: CONTINGENT BENEFICIARY (IES) – Person(s) who will receive benefits if the primary beneficiary is not living at the time of the insured's death.

| NAME / RELATIONSHIP | Last 4 SSN | ADDRESS | % |
|---------------------|------------|---------|---|
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Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing materially false information, or conceals for the purpose of misleading information concerning any fact material hereto commits a fraudulent insurance act which is punishable by law.

EMPLOYEE SIGNATURE (the INSURED)

DATE

**NOTE: Failure to sign and date will result in delay and possible non-payment of claim as indicated.*



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BENEFICIARY DESIGNATION FORM – BASIC & VOLUNTARY GROUP LIFE and GROUP ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE

DEFINITIONS & STATEMENTS

Basic Life & Accidental Death & Dismemberment (AD&D) – Life insurance provided by your employer, paid 100% by the employer. COVERS EMPLOYEE ONLY.

Voluntary/Supplemental Life & AD&D – Life insurance elected by the employee, premiums paid 100% by the employee. Voluntary/Supplemental Life covers Employee Only. Family Coverage may be elected for Voluntary/Supplemental AD&D. Please see life insurance provider benefits summary for eligibility.

Primary Beneficiary means the person or persons who will receive the benefits in the event of the insured’s death. Proceeds will be divided in equal shares if multiple primary beneficiaries are named and percentages are not designated. If any primary beneficiary dies before the insured, his/her percentage will be divided equally among the remaining primary (ies).

Contingent Beneficiary means the person or persons who will receive the benefits if the primary beneficiary (ies) is not living at the time of the insured’s death.

Minors as Beneficiary ** Please note if your beneficiary is a minor at the time of claim, payments will be delayed.

Will or Trust as Beneficiary** Valid Trust can be used as beneficiary by notating the name of the Trust, Trustee of the Trust and date of Trust Agreement.

****THIS INFORMATION IS NOT INTENDED TO BE RELIED ON AS LEGAL ADVICE. YOU MAY WISH TO CONSULT AN ATTORNEY TO HELP CONSIDER ANY SPECIAL CIRCUMSTANCES AND TO ENSURE YOUR BENEFICIARY DESIGNATION REFLECTS YOUR INTENTIONS.**

Examples of Designations

| SECTION 2: PRIMARY BENEFICIARY(IES) – Person(s) who will receive benefits in the event of the insured’s death. | | | |
|---|------------|--|-----|
| NAME / RELATIONSHIP | Last 4 SSN | ADDRESS | % |
| Martha Doe / Mother | 5555 | 1234 Main Street Birmingham, AL 35235 | 25% |
| Jennifer Doe/ Spouse | 1111 | 15 Championships Way Tuscaloosa, AL 35421 | 75% |

| SECTION 3: CONTINGENT BENEFICIARY (IES) – Person(s) who will receive benefits if the primary beneficiary is not living at the time of the insured’s death. | | | |
|---|------------|--|-------|
| NAME / RELATIONSHIP | Last 4 SSN | ADDRESS | % |
| Sam Doe | 0505 | 15 Championships Way Tuscaloosa, AL 35421 | 100 % |