SET SEG
School Insurance Specialists

# BENEFICIARY CHANGE AUTHORIZATION

## DESIGNATION OF BENEFICIARY: *Please print*

NAME (LAST, FIRST, MIDDLE INITIAL) _____ GROUP NUMBER

EMPLOYEE SOCIAL SECURITY NUMBER _____

CHECK ALL THAT APPLY:

- ❍ 5,000 or 7,500 Basic Life and AD&D (Administered by SET SEG)
- ❍ Voluntary Group Term Life
  Policy Number _____
- ❍ Employer sponsored Group Life & AD&D
  Policy Number _____
- ❍ Other _____
  Policy Number _____

## PRIMARY BENEFICIARY: *Please print*

**Subject to the terms of my Group Insurance Policy, I hereby amend and revoke any former beneficiary(ies) named by me and designate the following as my beneficiary(ies):**

| FULL NAME AND ADDRESS | PERCENTAGE* (MUST TOTAL 100%) | DATE OF BIRTH | RELATIONSHIP | SOCIAL SECURITY NUMBER |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

** If no percentages are indicated, benefits will be divided equally between all primary beneficiaries.*

## CONTINGENT BENEFICIARY(IES) Applicable only if you are not survived by one or more primary beneficiary: *Please print*

| FULL NAME AND ADDRESS | PERCENTAGE* (MUST TOTAL 100%)) | DATE OF BIRTH | RELATIONSHIP | SOCIAL SECURITY NUMBER |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

** If no percentages are indicated, benefits will be divided equally between all primary beneficiaries.*

## SIGNATURE:

- Unless indicated otherwise, if any beneficiary predeceases you, that beneficiary's share will be divided pro-rata among the surviving beneficiaries of the same class (primary and contingent).
- If no beneficiary (primary or contingent) survives you, payment will be made pursuant to the terms of the applicable policy.

EMPLOYEE SIGNATURE _____ DATE _____

## SUBMIT COMPLETED FORM TO:

**Upload to:** www.setseg.org
Choose "Upload Employee Enrollement Forms" from the Employee Benefit Services menu

**Email To:** enrollment@setseg.org

(REV. 2/8/18)