

Contingent Beneficiary Form

This form should only be completed if the Plan Member/Employee wishes to designate one or more Contingent Beneficiaries. ALL SECTIONS NEED TO BE FULLY COMPLETED. **Once completed, please return to your District Benefits Administrator.**

THIS FORM WILL REPLACE ALL PREVIOUS BENEFICIARY DESIGNATION FORMS.

Part 1: Employee Identification							
Plan Member/Employee's Last Name	First Name	Initial	District #	ID Number			
Part 2: Primary Beneficiary Designation							
Primary Beneficiary - Last Name	First Name	Initial	Relationship	SHARE OF PROCEEDS *			
				Basic Life %	Basic Acc %	Opt Life %	Opt Acc %
				%	%	%	%
				%	%	%	%
				%	%	%	%
				%	%	%	%
Name of Trustee(s) for Beneficiaries Under 18							

Important Information for designating Contingent Beneficiary(ies):

- You may not name the same person to be a primary and contingent beneficiary for the same benefit.**
- Your allocations to contingent beneficiaries for each benefit must total either 0% or 100%.**
- If you have designated your "Estate" as a primary beneficiary with a 100% allocation for a given benefit, you may not make any contingent allocations for the same benefit.**

Part 3: Contingent Beneficiary Designation							
Contingent Beneficiary – Last Name	First Name	Initial	Relationship	SHARE OF PROCEEDS *			
				Basic Life %	Basic AD&D %	Opt Life %	Opt AD&D %
				%	%	%	%
				%	%	%	%
				%	%	%	%
				%	%	%	%
Name of Trustee(s) for Beneficiaries Under 18							

*** Must total 100% for each benefit**

I hereby confirm the above information is complete, true and correct. I UNDERSTAND THIS FORM REPLACES ALL PREVIOUS BENEFICIARY DESIGNATION FORMS.

All beneficiaries listed above are revocable unless otherwise indicated. I reserve the right to change my beneficiary at any time.

Plan Member/Employee Signature _____ Date Signed (yyyy/mm/dd) _____