

Group Life Insurance Enrollment/Beneficiary Designation Form (please print)

Employee's Full Name				
Employee Comp	olete Address			
Best Phone Num	nber			
The primary bene, A secondary bene, benefits only if the	ficiary or beneficiaries e primary beneficiary	s listed below will re s are recommended. or beneficiaries are 1	not living at the time of y	rance benefit. vill receive your life insurance our death. If a trust or other nation and date of arrangement.
Last Name	First	M.I.	Relationship	Primary/Secondary
 Last Name	First	M.I.	Relationship	Primary/Secondary
Last Name	First	M.I.	Relationship	Primary/Secondary
Last Name	First	M.I.	Relationship	Primary/Secondary
I understand th	-	Designation supe	ersedes all other previo	ous designations to my group life
Signature of Employee				Date submitted to HR
Kimberly S. Austin, Plan Administrator				Date Received

I Drive – Kim – Forms – Group Life Insurance – Enrollment/Beneficiary Designation Form last updated: 1/9/2015