

Southern California IBEW-NECA Health Plan – Active Employees Life and Accidental Death & Dismemberment Insurance Beneficiary Designation Form

INSURED’S INFORMATION (PLEASE PRINT)

Single Married Divorced Widowed

Name _____ **Social Security No.** _____
First Middle Initial Last

Address _____
Street City State Zip

Date of Birth _____ **Telephone ()** _____
Month Day Year

Insured Signature _____ **Date** _____

I hereby revoke any previous designations of primary and contingent beneficiary (ies), if any, and designate the following as primary and contingent beneficiary (ies), if any, in the event of the insured’s death.

PRIMARY BENEFICIARY DESIGNATION

Name (First, Middle Initial, Last)	Address	Date of Birth	Relationship	Share %
Total				100%

CONTINGENT BENEFICIARY DESIGNATION

Name (First, Middle Initial, Last)	Address	Date of Birth	Relationship	Share %
Total				100%

If you are currently married and are naming someone other than your spouse as your beneficiary, your spouse must also sign this Beneficiary Designation form. Your beneficiary designation will be automatically deemed revoked upon certain changes in marital status. If you are currently married and later divorce, your beneficiary designation of your spouse will be deemed revoked unless a Court Order requires you to maintain the beneficiary designation you are making at this time. If you are currently single and later marry, the beneficiary designation you are making at this time will be automatically revoked unless the person you are naming as your beneficiary at this time is the person who becomes your spouse. Should your beneficiary be automatically revoked due to either of the foregoing events, benefits will be paid in accordance to the succession order in the Summary Plan Description governing benefit payments when no beneficiary designation has been made.

Name of Spouse (please print) _____
First Middle Initial Last

Spouse’s Signature _____ **Date** _____

Notary Public _____ **Commission Expires** _____