



revoke any previous beneficiary desig	OR  Change of all prior beneficiary designation(s), if any, for my group term life insurants group or employer and direct that the insurant	ce and/or accidental death and dismember-
Employee Name		Social Security Number
Employee Address		Telephone Number
Policyholder/Employer		Policy/Employer Number
that you name a primary and contingen social security number, and relationship	signation be clear so that there will be no questi t beneficiary. When naming your beneficiary(io b. If the beneficiary is not related either by bloo Il find examples of common beneficiary design	es) please indicate their full name, address, d or marriage, insert the words, "Not Related."
		Date of Birth
Address:		
Social Security Number:	Relationship:	Benefit Percent:
Name:		Date of Birth
	Relationship:	Benefit Percent:
CONTINGENT BENEFICIARY(IES)	7	
		Date of Birth
	Relationship:	Benefit Percent:
Name:		Date of Birth
Address:		
Social Security Number:	Relationship:	Benefit Percent:
	to change the beneficiary(ies) without the	
Signature of Employee		Date

# **BENEFICIARY DESIGNATION**



revoke any previous beneficiary design	OR Change of all prior beneficiary designation(s), if any, for my group term life insurangroup or employer and direct that the insuran	ce and/or accidental death and dismember-
Employee Name		Social Security Number
Employee Address		Telephone Number
Policyholder/Employer		Policy/Employer Number
that you name a primary and contingent social security number, and relationship	I find examples of common beneficiary design	es) please indicate their full name, address, od or marriage, insert the words, "Not Related."
•		Date of Birth
		Benefit Percent:
Name:		Date of Birth
Address:		
Social Security Number:	Relationship:	Benefit Percent:
CONTINGENT BENEFICIARY(IES)		
Name:		Date of Birth
Address:		
		Benefit Percent:
		Date of Birth
Address:		
Social Security Number:	Relationship:	Benefit Percent:
I, the undersigned, reserve the right	to change the beneficiary(ies) without the	e consent of said beneficiary(ies).
Signature of Employee		Date

### Following are examples of the most common beneficiary designations:

Mary J. Doe, Wife (not Mrs. John Doe).

Mary J. Doe, Wife, if living, otherwise to Joseph W. Doe, Son.

Mary J. Doe, Wife, if living, otherwise to Jane Doe, Daughter, and Joseph W. Doe, Son in equal shares, if they are both living, otherwise to whichever of them survive me.

Estate of the Insured.

If you name more than one beneficiary with unequal shares, please show the percent of insurance to be paid to each beneficiary, for example "33 1/3% to Mary Jones, Mother and  $66\ 2/3\%$  to Edith Jones, Wife."





	BENE	FICIARY DESIG	<b>GNATION</b>	Hartfor
revoke any previous benefit	ciary designation(s), if	any, for my group term life	e insurance and/or acc	idental death and dismemberayable under the policy be paid
Employee Name	John Doe			Social Security Number <b>000-00-0000</b>
Employee Address		Anytown, CT 00000		Telephone Number ( 000) 000-0000
Policyholder/Employer	ABC CO., INC.			Policy/Employer Number GL-22222
social security number, and on the reverse side of this for Company representative or y	eficiary designation be contingent beneficiary relationship. If the bene orm you will find examp your own legal counsel.	. When naming your bene efficiary is not related either ples of common beneficiar	ficiary(ies) please indi r by blood or marriage	intent. It is also important cate their full name, address, insert the words, "Not Related." need assistance, contact your
PRIMARY BENEFICIARY	· · ·			Date of Birth <b>00-00-00</b>
Address:	-			Date of Bittii
Social Security Number:		•	Spouse	Benefit Percent: 100
Name:				Date of Birth
Address:				
Social Security Number:		Relationship:		Benefit Percent:
CONTINGENT BENEFICE	ARY(IES)			
Name:	Richard Doe			Date of Birth
Address:	555 Generic Stre	et, Anytown, CT 00000	)	
Social Security Number:	555-55-5555	Relationship:	Brother	Benefit Percent: 100
Name:				Date of Birth
Address:				
Social Security Number:		Relationship:		Benefit Percent:
I, the undersigned, reserv	1 -	the beneficiary(ies) wit		said beneficiary(ies).  Date02/01/02



## BENEFICIARY DESIGNATION

	BENEI	TICIARY DESIG	INATION	HARTFORD
revoke any previous benefic	eiary designation(s), if		e insurance and/or accide	
Employee Name	John Doe			Social Security Number
Employee Address	Juna Duc			Telephone Number
	100 Main Street,	Anytown, CT 00000		( 000) 000-0000
Policyholder/Employer	ABC CO., INC.			Policy/Employer Number GL-22222
On the reverse side of this for Company representative or you	ficiary designation be contingent beneficiary. elationship. If the benefic you will find exampour own legal counsel.	When naming your bene efficiary is not related eithe bles of common beneficiar	ficiary(ies) please indicar by blood or marriage, i	te their full name, address, nsert the words, "Not Related."
PRIMARY BENEFICIARY(	IES)			
Name:	Jane Doe			Date of Birth
Address:	123 ABC Lane, A	Anytown, CT 00000		
Social Security Number:	121-21-2121	Relationship:	Spouse	Benefit Percent: 100
Name:				Date of Birth
Address:				
Social Security Number:		Relationship:		Benefit Percent:
CONTINGENT BENEFICIA	ARY(IES)			
Name:	Richard Doe			Date of Birth
Address:	555 Generic Stree	et, Anytown, CT 00000		
		Relationship:	Brother	Benefit Percent: 100
Name:				Date of Birth
Address:				
Social Security Number:		Relationship:		Benefit Percent:
I, the undersigned, reserve	e the right to change	the beneficiary(ies) wit	hout the consent of sa	id beneficiary(ies).
Signature of Employee	- 1 -			

### Following are examples of the most common beneficiary designations:

Mary J. Doe, Wife (not Mrs. John Doe).

Mary J. Doe, Wife, if living, otherwise to Joseph W. Doe, Son.

Mary J. Doe, Wife, if living, otherwise to Jane Doe, Daughter, and Joseph W. Doe, Son in equal shares, if they are both living, otherwise to whichever of them survive me.

Estate of the Insured.

If you name more than one beneficiary with unequal shares, please show the percent of insurance to be paid to each beneficiary, for example "33 1/3% to Mary Jones, Mother and  $66\ 2/3\%$  to Edith Jones, Wife."

### SUPPLEMENT TO ADMINISTRATIVE MANUAL

### STATE OF FLORIDA

### **BENEFICIARY DESIGNATION**

Florida \$\mathbb{#}627.552\$ applies to Group Life Insurance policies and prohibits employees from naming the employer as beneficiary.

Employers, on receipt of enrollment forms and beneficiary designation forms, should review beneficiary designations to assure conformity with the law.

FL-4