

**Johns Hopkins Health System Corporation/The Johns Hopkins Hospital
Employee Life Insurance Beneficiary Designation/Change Form**

I hereby designate the following beneficiary (ies) under the JHHSC/JHH Group Life Insurance Plan:

Employee Name: _____ Social Security: _____

Please circle the appropriate designation: Union Non-Union

Beneficiary Information: *(Please indicate whether each person is a primary or secondary beneficiary)*

<p><i>Circle one: Primary Secondary</i></p> <p>Name: _____</p> <p>Date of birth: _____</p> <p>Relationship to employee: _____</p> <p>Address: _____</p> <p>_____</p> <p>Phone Number: _____</p> <p>Percentage: _____</p>	<p><i>Circle one: Primary Secondary</i></p> <p>Name: _____</p> <p>Date of birth: _____</p> <p>Relationship to employee: _____</p> <p>Address: _____</p> <p>_____</p> <p>Phone Number: _____</p> <p>Percentage: _____</p>
<p><i>Circle one: Primary Secondary</i></p> <p>Name: _____</p> <p>Date of birth: _____</p> <p>Relationship to employee: _____</p> <p>Address: _____</p> <p>_____</p> <p>Phone Number: _____</p> <p>Percentage: _____</p>	<p><i>Circle one: Primary Secondary</i></p> <p>Name: _____</p> <p>Date of birth: _____</p> <p>Relationship to employee: _____</p> <p>Address: _____</p> <p>_____</p> <p>Phone Number: _____</p> <p>Percentage: _____</p>
<p><i>Circle one: Primary Secondary</i></p> <p>Name: _____</p> <p>Date of birth: _____</p> <p>Relationship to employee: _____</p> <p>Address: _____</p> <p>_____</p> <p>Phone Number: _____</p> <p>Percentage: _____</p>	<p><i>Circle one: Primary Secondary</i></p> <p>Name: _____</p> <p>Date of birth: _____</p> <p>Relationship to employee: _____</p> <p>Address: _____</p> <p>_____</p> <p>Phone Number: _____</p> <p>Percentage: _____</p>

Employee Signature

Date

Witness Signature

Please return this form to: HR Service Center,
Phipps Building, 4th Floor