

BENEFICIARY DESIGNATION FORM



This form may be used to name or change beneficiaries. The beneficiaries are the persons who will receive the proceeds from your JHHSC/JHH Group Life Insurance Plan(s) in the event of your death.

Complete the information below for each person you wish to designate. Please print and retain a copy for your records.

1. You may list one or more primary beneficiaries.
2. Indicate each beneficiary's relationship to you.
3. Indicate the distribution by percentage. If you list more than one beneficiary, the distribution percentages must total 100; for example: 60/40, 50/50, etc.
4. You may list one or more contingent/secondary beneficiaries. The secondary beneficiary will receive proceeds from these policies if your primary beneficiary dies before payment can be made.

Primary Beneficiaries

Name: _____ Phone: _____

Percentage: _____

Relationship: _____ Birth Date: _____ SSN (optional) _____

Address: _____
Street City State Zip

Name: _____ Phone: _____

Percentage: _____

Relationship: _____ Birth Date: _____ SSN (optional) _____

Address: _____
Street City State Zip

Name: _____ Phone: _____

Percentage: _____

Relationship: _____ Birth Date: _____ SSN (optional) _____

Address: _____
Street City State Zip

Contingent Beneficiaries

Name: _____ Phone: _____

Percentage: _____

Relationship: _____ Birth Date: _____ SSN (optional) _____

Address: _____
Street City State Zip

Name: _____ Phone: _____

Percentage: _____

Relationship: _____ Birth Date: _____ SSN (optional) _____

Address: _____
Street City State Zip

Employee Name (Print): _____

Employee Signature: _____ Date: _____