

## DESIGNATION OF BENEFICIARY

This designation will apply to the Life Insurance and Accidental Death & Dismemberment available to you, and elected, through the Board of Education of Washington County. Designations made below, or on a separate piece of paper, are not valid unless signed, dated, and delivered to the Benefits Office at Washington County Public Schools during your lifetime.

|  |  |                           |                      |
|--|--|---------------------------|----------------------|
| <b>Your Name (Last, First, Middle)</b> |  | <b>Employee ID Number</b> | <b>Date of Birth</b> |
|  |  |                           |                      |
| <b>Your Address</b>                    |  |                           |                      |
|  |  |                           |                      |
| <b>City</b>                            |  | <b>State</b>              | <b>Zip</b>           |
|  |  |                           |                      |
| <b>Group Name</b>                      |  | <b>Group No.</b>          |                      |
| Washington County Public Schools       |  | 168978                    |                      |

| <b>Primary Beneficiary Full Name</b>    | <b>Address</b> | <b>Phone Number</b> | <b>Relationship</b> | <b>% of Benefit (must equal 100%)</b> |
|---|----------------|---------------------|---------------------|---------------------------------------|
|   |                |                     |                     |                                       |
|   |                |                     |                     |                                       |
|   |                |                     |                     |                                       |
|   |                |                     |                     |                                       |
| <b>Contingent Beneficiary Full Name</b> | <b>Address</b> | <b>Phone Number</b> | <b>Relationship</b> | <b>% of Benefit (must equal 100%)</b> |
|   |                |                     |                     |                                       |
|   |                |                     |                     |                                       |
|   |                |                     |                     |                                       |
|   |                |                     |                     |                                       |

\_\_\_\_\_  
Signature of Employee/Retiree

\_\_\_\_\_  
Date

## **Beneficiary Information**

- Your designation revokes all prior designations.
- Benefits are payable to a contingent Beneficiary only if you are not survived by one or more primary Beneficiaries
- If you name two or more Beneficiaries in a class (primary or contingent), two or more surviving Beneficiaries will share equally, unless you designate for unequal shares.
- If a minor (a person not of legal age) or your estate is the Beneficiary, it may be necessary to have a guardian or a legal representative appointed by the court before any death benefit can be paid.
- If the Beneficiary is a trust or trustee, the written trust must be identified in the Beneficiary designation. For example, 'Dorothy Q Smith, Trustee under the trust agreement dated \_\_\_\_\_.'
- A power of attorney must grant specific authority, by the terms of the document or applicable law, to make or change a Beneficiary designation. If you have questions, consult your legal advisor.