

BENEFICIARY DESIGNATION FORM

Life Insurance Company of North America



CIGNA Group Insurance
Life • Accident • Disability

Employer Name Glendale Community College

Employee Name _____ Employee Social Security # _____

Current Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ *please enter all dates in mm//dd/yyyy format.*

Primary and Contingent Beneficiaries – Unless you designate a percentage, proceeds are paid to primary surviving beneficiaries in equal shares. Proceeds are paid to contingent beneficiaries only when there are no surviving primary beneficiaries. If you designate contingent beneficiaries and do not designate percentages, proceeds are paid to the surviving contingent beneficiaries in equal shares. Unless otherwise provided, the share of a beneficiary who dies before the insured will be divided proportionately among the surviving beneficiaries in the respective category (primary or contingent).

Basic Life Insurance, Life Insurance Company of North America - Policy No. FLX 964413

Employee's Primary Beneficiary(ies):	Relationship	SS #	Date of Birth	% (total must equal 100%)
Contingent(s):	Relationship	SS #	Date of Birth	% (total must equal 100%)

Basic Accident Insurance, Life Insurance Company of North America - Policy No. OK 966008

Employee's Primary Beneficiary(ies):	Relationship	SS #	Date of Birth	% (total must equal 100%)
Contingent(s):	Relationship	SS #	Date of Birth	% (total must equal 100%)

Community Property Laws - If you are married, reside in a community property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin), and name someone other than your spouse as beneficiary, it is possible that payment of benefits may be delayed or disputed unless your spouse also signs the beneficiary designation.

Spouse Signature _____ Date ____/____/____

Owner Signature _____ Date ____/____/____

Please refer to page 2 to review *Guidelines for Designation of Beneficiaries*. If you need additional space, using the above format, attach a separate piece of paper with the appropriate policy number, the date, and your signature.