## Southern California IBEW-NECA Health Plan – Active Employees

Life and Accidental Death & Dismemberment Insurance - Beneficiary Designation Form

Metropolitan Life Insurance Company - Group Policy Number A4328-1-G

PARTICIPANT'S INFORMATION (PLEASE PRINT)  Single					Married	Divorced	□ Widowed
Name					Social Secu		
First		Middle Initial	Last				
Address							
	Street			City		State	ZIP
Date of Birth			Telephone N	No. ( )			
		Month	Day	Year			

I hereby revoke any previous designations of primary and contingent beneficiary(ies), if any, and designate the following as primary and contingent beneficiary(ies), if any, in the event of my death.

## PRIMARY BENEFICIARY DESIGNATION

1.						
	Name		Date of Birth	Social Security Number		%
	Relationship	Address			L	
2.						
	Name		Date of Birth	Social Security Number		%
	Relationship	Address			L	
3.						
	Name		Date of Birth	Social Security Number		%
	Relationship	Address				
4.						
	Name		Date of Birth	Social Security Number		%
	Polotion a him	Address				
	Relationship	Address		т	OTAL	100%

Percentage

Percentage

## CONTINGENT BENEFICIARY DESIGNATION

1.					
	Name		Date of Birth	Social Security Number	%
_	Relationship	Address			
2.					0/
	Name		Date of Birth	Social Security Number	%
	Relationship	Address			
3.					
	Name		Date of Birth	Social Security Number	%
	Relationship	Address			
4.					
	Name		Date of Birth	Social Security Number	%
	Relationship	Address			
				TOTAL	100%
Part	icipant's Signature		Date		

## Participant's Signature

If you are currently married and are naming someone other than your spouse as your beneficiary, your spouse must sign this Beneficiary Designation form. Your beneficiary designation will automatically be deemed revoked upon certain changes in marital status. If you are currently married and later divorce, your beneficiary designation of your spouse will be deemed revoked unless a Court Order requires you to maintain the beneficiary designation you are making at this time. If you are currently single and later marry, the beneficiary designation you are making at this time will be automatically revoked unless the person you are naming as your beneficiary at this time is the person who becomes your spouse. Should your beneficiary be automatically revoked due to either of the foregoing events, benefits will be paid in accordance to the succession order in the Summary Plan Description governing benefit payments when no beneficiary designation has been made.

**Commission Expires** 

Print Spouse's Name

Spouse's Signature

Notary Public