

Southern California IBEW-NECA Health Plan – Retiree Health Plan

Death Benefit – Beneficiary Designation Form

PARTICIPANT'S INFORMATION (PLEASE PRINT) Single Married Divorced Widowed

Name _____ Social Security No. _____
First Middle Initial Last

Address _____
Street City State ZIP

Date of Birth _____ Telephone 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

| | | | | Percentage |
|----|--------------------|---------------------|------------------------------|-------------|
| 1. | Name _____ | Date of Birth _____ | Social Security Number _____ | _____ % |
| | Relationship _____ | Address _____ | | |
| 2. | 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% |

CONTINGENT BENEFICIARY DESIGNATION

| | | | | Percentage |
|----|--------------------|---------------------|------------------------------|-------------|
| 1. | Name _____ | Date of Birth _____ | Social Security Number _____ | _____ % |
| | Relationship _____ | Address _____ | | |
| 2. | 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% |

Participant's Signature _____

Date _____

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.

Print Spouse's Name _____

Spouse's Signature _____

Date _____

Notary Public _____

Commission Expires _____