Beneficiary Designation Form - Life and Accidental Death & Dismemberment Insurance
Southern California IBEW-NECA Health Plan
Anthem Blue Cross Life & Health Insurance Company – Group Policy Number 170001

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

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%

I hereby revoke any previous designations of primary and contingent beneficiary(ies), if any, and designate the person(s) listed above as primary and contingent beneficiary(ies), if any, in the event of my death. I understand that a distribution of benefits to my designated beneficiary or beneficiaries shall be made in accordance with the terms of the Plan.

Signature of Participant: _____ **Date:** _____

OVER ---------->

BENEFICIARY DESIGNATION FORM (continued)
SOUTHERN CALIFORNIA IBEW-NECA HEALTH PLAN

Please complete the following information (type or print)

PARTICIPANT'S NAME	SOCIAL SECURITY NO.

PRIMARY BENEFICIARY DESIGNATION – SPOUSAL CONSENT

COMPLETE THIS PORTION ONLY IF SPOUSE IS NOT THE SOLE PRIMARY BENEFICIARY

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.

Signature of Participant's Spouse: _____ Date: _____

WITNESSED BY NOTARY PUBLIC

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of _____)

County of _____)

On _____ before me, _____, personally appeared _____,
(insert date) (insert name and title of the officer) (insert name of person to be sworn)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Notary Public Signature_____

My Commission Expires: ____/____/____

[PLACE NOTARY SEAL AND/OR STAMP ABOVE]

Please return this form to: Southern California IBEW-NECA Trust Funds, P.O. Box 6652, Pasadena, CA 91109. This form is available online at www.scibew-neca.org