

Employer-Sponsored Life Insurance Beneficiary Change Form

Employee Information

Full Name

Employee ID

Department

Phone Number

Email Address

Beneficiary Designation

List your primary and contingent beneficiaries below. Total percentage per beneficiary group must equal 100%.

Type	Full Name	Relationship	Address	Phone	Percentage (%)
Primary					
Primary					
Contingent					
Contingent					

Authorization

Employee Signature

Date