

DESIGNATION OF BENEFICIARY FOR CONTRA COSTA COUNTY GROUP LIFE INSURANCE PLANS

Instructions: Type or print in ink. Return completed form to Contra Costa County, Department of Human Resources, Employee Benefits Services Unit, 1025 Escobar Street 2nd Floor, Martinez, CA, 94553

Employee Name

Employee Number	Social Security Number	Date of Birth
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I request that the beneficiary for the following policy(ies) be designated as indicated below: (check appropriate boxes)
 County Paid Basic Life Insurance **Management Life Insurance** **Supplemental Life Insurance**
Unless otherwise provided in this request, if two or more primary beneficiaries are named, the proceeds shall be paid in equal shares to the named primary beneficiaries if surviving the insured, or to the survivor or survivors. If no primary beneficiaries survive, the proceeds shall be paid in equal shares to the named contingent beneficiaries, if any. If no beneficiary survives, payment shall be made according to the terms of the policy. The right of the insured to change the beneficiary hereafter is reserved.

Primary Beneficiaries: If more than 4 beneficiaries are designated, please attach a second designation form.

Name (1)	Address	Percent of Benefit (must add up to 100%)
Date of Birth	Social Security Number	Relationship
Name (2)	Address	Percent of Benefit (must add up to 100%)
Date of Birth	Social Security Number	Relationship
Name (3)	Address	Percent of Benefit (must add up to 100%)
Date of Birth	Social Security Number	Relationship
Name (4)	Address	Percent of Benefit (must add up to 100%)
Date of Birth	Social Security Number	Relationship

Contingent Beneficiaries: If more than 4 beneficiaries are designated, please attach a second designation form.

Name (1)	Address	Percent of Benefit (must add up to 100%)
Date of Birth	Social Security Number	Relationship
Name (2)	Address	Percent of Benefit (must add up to 100%)
Date of Birth	Social Security Number	Relationship
Name (3)	Address	Percent of Benefit (must add up to 100%)
Date of Birth	Social Security Number	Relationship
Name (4)	Address	Percent of Benefit (must add up to 100%)
Date of Birth	Social Security Number	Relationship

This designation is revocable as to each beneficiary except when otherwise stated, and beneficiaries of like class shall share equally with right of survivorship. The insurance company will not accept any designation using the words "Per Stirpes." Please refer to the Suggested Beneficiary Designations on the reverse side of this form. Any designation of an individual shall mean an individual living at the insured's death.

Dated this _____ day of _____, 20____, at (city) _____ (state)

Employee Signature	Signature of Irrevocable Beneficiary(ies), if any
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EMPLOYEE BENEFITS SERVICES UNIT USE ONLY

Date Received	Date HRIS Processed	Processed by
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**DESIGNATION OF BENEFICIARY FOR CONTRA COSTA COUNTY GROUP LIFE INSURANCE
PLANS**

Suggested Beneficiary Designations

PRIMARY BENEFICIARIES

1. If one individual is to be designated as the primary beneficiary, use full legal name; thus "Anna May Smith," not "Mrs. John Smith."

2. If two individuals are to be named as primary beneficiaries, designate as follows: "Anna May Smith, wife and Dorothy Smith Andrews, daughter, in equal shares or to the survivor," or, designate the percent of benefit.

3. If three or more individuals are to be named as primary beneficiaries, designate as follows: "Anna May Smith, wife, Dorothy Smith Andrews, daughter, and William Smith, son, equally or to the survivor(s) in equal shares," or designate the percent of benefit.

CONTINGENT BENEFICIARIES

4. If one individual is to be designated as the contingent beneficiary, use full legal name; thus "Dorothy Smith Andrews" not "Mrs. Scott Andrews."

5. If two individuals are to be named as contingent beneficiaries, designate as follows: "William Smith, son, and Dorothy Smith Andrews, daughter, in equal shares or to the survivor, " or designate the percent of benefit.

6. If three or more individuals are to be named as contingent beneficiaries, designate as follows: "Dorothy Smith Andrews, daughter, William Smith, son, and Robert Smith Jones, daughter, equally or to the survivor(s) in equal shares," or designate the percent of benefit.

ESTATE

7. If an estate is named, specify whose estate, such as: "Estate of the Insured."

TRUSTEE

8. Trustee under the last will and testament of the insured, or his successors in trust, PROVIDED, HOWEVER, that if no claim is made by said Trustee within one year from the date of death of the insured or if the insured shall die leaving no last will and testament containing a trust covering this policy, the proceeds shall be payable to the estate of the insured, Payment of the proceeds of this policy to said Trustee or successors in trust shall fully and finally discharge the Company from all liability.

9. "The (Name of Trust Company) Trust Company, trustee under written trust agreement dated (Date of Trust), or its successor or successors in trust, and payment of the proceeds of this policy to said Trustee or successor or successors shall fully and finally discharge the Company from all liability.

IRREVOCABLE BENEFICIARY

10. To name a beneficiary that cannot be changed without his/her consent, designate him/her as an irrevocable beneficiary, such as: "Frank Jones, as irrevocable beneficiary." To change the designation in the future, both the insured and the irrevocable beneficiary must sign the front of the form.