BC Life & Health Insurance Company

Life Insurance
Beneficiary Designation / Name Change

GROUP NO.

Employer:

1. Personal Information

LAST NAME (Print)	FIRST NAME	M.I.	SOCIAL SECURITY NUMBER	SEX 1 ☐ M 2 ☐ F	DATE OF BIRTH MO / DAY / YR
STREET ADDRESS		CITY		STATE	ZIP

2. Employee Beneficiary Designation *Note Dependent life payments are always paid to the employee.

Primary Beneficiary – First to Receive Payment (required) – *If more than 1 beneficiary is named, enter a % for each. If no % is indicated, benefit will be divided equally.*

Named Individuals (Enter the name, address, date of birth, social security number and relationship to the insured for each name listed.)

NAME	ADDRESS	DATE OF BIRTH	SOCIAL SECURITY NO.	RELATIONSHIP	%
NAME	ADDRESS	DATE OF BIRTH	SOCIAL SECURITY NO.	RELATIONSHIP	%
NAME	ADDRESS	DATE OF BIRTH	SOCIAL SECURITY NO.	RELATIONSHIP	%
NAME	ADDRESS	DATE OF BIRTH	SOCIAL SECURITY NO.	RELATIONSHIP	%

☐ Estate of Insured **TOTAL** 100%
☐ Revocable or Irrevocable Trust (Enter the name of the Trustee, name of Trust and complete date of Trust.)
☐ Trustee Under Insured's Will (If choosing this option DO NOT enter additional names in the Primary Beneficiary field.)

Secondary Beneficiary – Second to Receive Payment (optional) – *If more than 1 beneficiary is named, enter a % for each. If no % is indicated, benefit will be divided equally.*

Named Individuals (Enter the name, address, date of birth, social security number and relationship to the insured for each name listed.)

NAME	ADDRESS	DATE OF BIRTH	SOCIAL SECURITY NO.	RELATIONSHIP	%
NAME	ADDRESS	DATE OF BIRTH	SOCIAL SECURITY NO.	RELATIONSHIP	%
NAME	ADDRESS	DATE OF BIRTH	SOCIAL SECURITY NO.	RELATIONSHIP	%
NAME	ADDRESS	DATE OF BIRTH	SOCIAL SECURITY NO.	RELATIONSHIP	%

☐ Estate of Insured **TOTAL** 100%
☐ Revocable or Irrevocable Trust (Enter the name of the Trustee, name of Trust and complete date of Trust.)
☐ Trustee Under Insured's Will (If choosing this option DO NOT enter additional names in the Secondary Beneficiary field.)

3. Employee Name Change

	LAST NAME (Please Print)	FIRST NAME	M.I.
NEW NAME			
OLD NAME			

4. Employee Signature / Date (Required)

EMPLOYEE'S SIGNATURE	DATE

Distribution: 1)Group Administrator 2)Employee