

Yolo County Human Resources

Life Insurance Beneficiary Designation Form Hartford Group Life Insurance

**Complete
and
Return to
HR at #60**

Use this form to designate a beneficiary for the County-sponsored life insurance policy available to the following employee groups:

- \$25,000 Life Insurance policy is provided to employees in the following employee groups:
 - General Unit, Local 39 (G)
 - Probation Association (PR)
 - Attorney's Association (A)
 - Deputy Sheriff Association (S)
 - Correctional Officers Association (O)
 - Assistant Department Heads (H2)
 - Confidential Employees (C1, C2, C3)
 - Unrepresented Employees (X, X2)
 - Sheriff's Management and Unrepresented Sheriff's Management (P, P2)
 - Supervisor's Association (U)
- \$50,000 Life Insurance and AD&D is provided to Department Heads (H) and Elected Officials (E)
- \$50,000 Life Insurance is provided to the Management Association (M) and Assistant Department Heads (H2)

- Initial Beneficiary Designation Change of all prior designations

Employee Name (Last, First)	Job Title	
Social Security Number	Date of Birth	<input type="radio"/> Male <input type="radio"/> Female

This beneficiary designation only applies to the insurance policy described above. Designations are not valid unless signed, dated, and delivered to Yolo County Human Resources during your lifetime. It is important that your beneficiary designation be clear so that there will be no question as to your intent. See page 2 for further information about preparing the form.

Primary – Full Name	Address	Soc Sec #	Relationship	% of Benefit

Contingent – Full Name	Address	Soc Sec #	Relationship	% of Benefit

I wish to make the beneficiary designation indicated on this form. I understand that this form will be placed in my official personnel file. Life insurance policies for eligible new employees will be effective on the first day of the month after appointment to the bargaining unit.

Employee Signature Required	Date
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Beneficiary Information

Life Insurance Beneficiary Designation Form Instructions

You may name any person, persons, institution, trust, estate, religious or charitable institution of other entity as your primary or contingent beneficiary (ies). List a person's full name (use proper name, not nickname), address, social security number and relationship to you. If the beneficiary is not related either by blood or marriage, insert the words, "Not Related". If the beneficiary or charitable institution is listed, include the institution's tax identification number.

If you name more than one beneficiary it is understood that the beneficiaries listed and living at the time of your death will share equally in the distribution of the death benefit.

If you wish to indicate unequal distribution among beneficiaries, you may do so by stating the percent of the insurance to be paid to each. The listed percentages must add up to 100%.

Please note that in no event may a beneficiary be changed by a Power of Attorney (POA).

Sample wording for common beneficiary designations are shown below:

Example #1:

Jane Doe	Relationship: Spouse	Benefit Percentage: 100%
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Example #2:

Jane Doe	Relationship: Spouse	Benefit Percentage: 50%
Susan Doe	Relationship: Daughter	Benefit Percentage: 25%
John Doe	Relationship: Son	Benefit Percentage: 25%

If additional space is required, write "See attached", on the beneficiary line on this form and attach a separate sheet, listing all the required beneficiary information for each beneficiary listed. This separate sheet should be signed by you and dated.

If you need assistance in completing this form, contact Human Resources or your own legal counsel.