

Life Insurance Beneficiary Designation

SECTION 1: MEMBER INFORMATION

Member's Full Name			SSN (last 4 digits)	
Mailing Address		City	State	Zip Code
Marital Status	Employer			
Primary Phone ()	E-mail Address			

SECTION 2: PRIMARY BENEFICIARIES

If you add multiple primary beneficiaries, the combined total percentage must equal 100%.

Full Name	Relationship	Date of Birth	SSN (required)	Percentage
Address, City, State, Zip				
Full Name	Relationship	Date of Birth	SSN (required)	Percentage
Address, City, State, Zip				
Full Name	Relationship	Date of Birth	SSN (required)	Percentage
Address, City, State, Zip				
Full Name	Relationship	Date of Birth	SSN (required)	Percentage
Address, City, State, Zip				
Full Name	Relationship	Date of Birth	SSN (required)	Percentage
Address, City, State, Zip				

Do you want to name any contingent beneficiaries? A contingent beneficiary will receive the life insurance benefit ONLY if there are no surviving primary beneficiaries.

- YES, I wish to add contingent beneficiaries. (complete Section 3 on Page 2)
- NO, I do not want to add contingent beneficiaries (complete Section 4 on Page 2)

SECTION 3: CONTINGENT BENEFICIARIES

Contingent Beneficiaries will receive the benefit ONLY if there are no surviving primary beneficiaries.

Full Name	Relationship	Date of Birth	SSN (required)	Percentage
Address, City, State, Zip				

Full Name	Relationship	Date of Birth	SSN (required)	Percentage
Address, City, State, Zip				

Full Name	Relationship	Date of Birth	SSN (required)	Percentage
Address, City, State, Zip				

SECTION 4: CERTIFICATION

I certify that I am the subscribing member and have designated my life insurance benefit to the beneficiary(ies) listed on this form. I understand the benefit is in effect as long as I am covered under a plan that offers life insurance and once I elect COBRA or retire the life benefit will cease. I understand it is my responsibility to contact Allegiant Care in the event a beneficiary needs to be added or removed.

Subscriber Signature: _____ **Date:** _____

FREQUENTLY ASKED QUESTIONS

Should I name a minor child as a beneficiary?

You may name a minor as a beneficiary; however, the child’s guardian will need to provide proof of guardianship before the life insurance provider can make payment.

How do I name a Trust or an Estate as a beneficiary?

To name a trust or estate as a beneficiary, indicate the name of the trust and the date it was established.

Can I name someone other than my spouse as a beneficiary?

Generally, you can name anyone with whom you have a relationship as beneficiary. However, in community-property states, your spouse may have to sign a form waiving rights to the money if you designate anyone else as beneficiary. The community-property states are: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, and Wisconsin.

If I have a will, do I still need to notify Allegiant Care when I change my beneficiaries?

Yes, it is very important to contact us if you want to change your beneficiary. The life insurance benefit will be paid to the beneficiary listed on the policy, regardless of what your will says.

*Return your completed form to the mailing address noted on page 1.
You may also fax it directly to 603-792-7214 or email enrollment@myallegiantcare.com.
Retain a copy of this form for your records.*