

The Standard Insurance Company

Lee County Board of County Commissioners Beneficiary Designation Form

I Am Completing This Form for Basic Life/ADD Optional Life Both

Employee Name (Last, First, Middle)	Social Security Number
Address (Street, City, State, Zip Code)	Phone Number
<ul style="list-style-type: none"> • This designation will apply to the following Standard Insurance Company coverage(s) if available to you through your Employer: Life Insurance and Life with Accidental Death & Dismemberment (AD&D) Insurance. • Designations made below, or on a separate sheet of paper, are not valid unless signed, dated, and delivered to your Employer during your lifetime. • Return the completed form to your Human Resources Department. 	

Primary Beneficiary (the total of all primary beneficiaries must equal 100%)					
1.	Name (Last, First, Middle)	Date of Birth	Social Security Number	Relationship	% of Benefit
	Address		Phone Number		
2.	Name (Last, First, Middle)	Date of Birth	Social Security Number	Relationship	% of Benefit
	Address		Phone Number		
3.	Name (Last, First, Middle)	Date of Birth	Social Security Number	Relationship	% of Benefit
	Address		Phone Number		
TOTAL					
<i>The total share of all primary beneficiaries must equal 100%.</i>					

Contingent Beneficiary (the total of all contingent beneficiaries must equal 100%)					
1.	Name (Last, First, Middle)	Date of Birth	Social Security Number	Relationship	% of Benefit
	Address		Phone Number		
2.	Name (Last, First, Middle)	Date of Birth	Social Security Number	Relationship	% of Benefit
	Address		Phone Number		
3.	Name (Last, First, Middle)	Date of Birth	Social Security Number	Relationship	% of Benefit
	Address		Phone Number		
4.	Name (Last, First, Middle)	Date of Birth	Social Security Number	Relationship	% of Benefit
	Address		Phone Number		
TOTAL					
<i>The total share of all contingent beneficiaries must equal 100%.</i>					

Employee Signature:	Date:
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Complete form and retain a copy for your records.

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Remember the following when completing your Beneficiary Designation form:

- Your designation revokes all prior designations.
- Benefits are payable to a contingent Beneficiary only if you are not survived by one or more primary Beneficiaries.
- If you name two or more Beneficiaries in a class (primary or contingent), two or more surviving Beneficiaries will share equally, unless you provide for unequal shares.
- If a minor (a person not of legal age) or your estate is the Beneficiary, it may be necessary to have a guardian or a legal representative appointed by the court before any death benefit can be paid. If the Beneficiary is a trust or trustee, the written trust must be identified in the Beneficiary designation. For example, "Dorothy Q. Smith, Trustee under the trust agreement dated _____."
- A power of attorney must grant specific authority, by the terms of the document or applicable law, to make or change a Beneficiary designation. If you have questions, consult your legal advisor.
- Dependents Insurance and Life Insurance on your Spouse, if any, is payable to you, if living, or as provided under your Employer's coverage under the Group Policy.
- If you complete the "% of Benefits" box (es), the amounts should add up to 100% for each class (primary or contingent). For example, "Primary – John Q. Doe, 60%; Jane Q. Doe, 40%."

To assist you, here are some examples of clear beneficiary designations.

One Primary and two Contingent Beneficiaries	One Primary and three Contingent Beneficiaries
<p>Primary Beneficiary: Jane Smith, Spouse, 100%,</p> <p>Contingent Beneficiaries: Paul Jones, Brother, 50% Mary Park, Sister, 50%</p>	<p>Primary Beneficiary: Gayle Rich, Spouse, 100%</p> <p>Contingent Beneficiaries: Teresa Rich, Daughter, 40% Susan Rich, Daughter, 40% Jason Rich, Brother, 20%</p>

Complete form and retain a copy for your records. Please return the completed form to Lee County Human Resources.

The Standard Insurance Company
1100 SW Sixth Avenue
Portland, OR 97204