

This designation will apply to the following Standard Insurance Company coverage(s) if available to you through your Employer: Life Insurance, Life with Accidental Death & Dismemberment (AD&D) Insurance, AD&D Insurance and, unless specified otherwise on a separate signed sheet of paper, Supplemental Life 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.

MEMBER/EMPLOYEE INFORMATION

Form with fields for: Your Name (Last, First, Middle), Date of Birth, Your Address, City, State, Zip, Group Name (Gilchrist County Board of County Commissioners), Group No. (751525)

BENEFICIARY INFORMATION

- 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.
A power of attorney must grant specific authority, by the terms of the document or applicable law, to make or change a Beneficiary designation.
Dependents Insurance and Supplemental 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 Benefit" box(es), the amounts should add up to 100% for each class (primary or contingent).

Table with 6 columns: PRIMARY - Full Name, Address, Date of Birth, Phone No., Relationship, % of Benefit

Table with 6 columns: CONTINGENT - Full Name, Address, Date of Birth, Phone No., Relationship, % of Benefit

Signature of Member/Employee and Date fields