Beneficiary Designation County of San Diego





Instructions:

Spouse's Signature

- Type or print legibly in ink. Return to Human Resources Benefits Division, 5530 Overland Avenue, Suite 210 San Diego, CA 92123 or you may send via interoffice mail to: MS 0-7, via fax 858-467-9708, email to DHRBenefits.FGG@sdcounty.ca.gov. Please retain a copy for your records.
- Please fully complete this form and sign it if you wish to designate a beneficiary or if you want to change your existing beneficiary designation.

Insured (Employee) Information							
Name (First, Middle Initial, Last)			Employee ID #	Policy # 158540			
understand the following des	signation(s) app	oly to my basic	life, supplementa	l life, AD&D policy (if enro	lled), as well as my last		
pay check and any leave balar	nce pay off. I al	so understand	that I am automa	tically the beneficiary of r	my dependent's \$2,000		
life insurance policy.							
Beneficiary (ies) Designa	tion						
*P= Primary beneficiary, or first		neficiary.					
*C= Contingent beneficiary, or		•	eficiary (ies) are n	o longer living.			
Note - Please indicate the perd			• • •		ions must be done as		
full percentage only (in whole	numbers, <u>no</u> d	ecimal point). `	Your primary ben	eficiary (ies) should total 1	.00% and if you list a		
contingent beneficiary (ies) the	at total should	also total 100%).				
		1		T			
Name(s)	Date of Birth	Relationship	Primary = P*	Address	Percent of Benefit		
	Birth		Contingent = C*		or Benefit		
					%		
					%		
					%		
					%		
** If ad	ditional space is ne	eded. attach a sept	arate page and include	e all the information shown here	**		
,		, , , , , , , , , , , , , , , , , , , ,		, , ,			
Insured (Employee) Signature	 Date						
modica (Employee) orginalare				Date			
NOTE: If you are married and you do r							
signature, it is possible that spousal ri pay check and any leave balance pay o		ine named benefici	ary (ies) from receivin	g the total proceeds from the ins	surance coverage, your final		
, , , , , , , , , , , , , , , , , , , ,							
hereby consent to the foregoing desi	ignation of benefic	ciary (ies):					

Date

GENERAL BENEFICIARY INFORMATION

What is a beneficiary designation?

Designating a beneficiary is naming the individual(s) to whom any death benefits payable from your life Insurance plan should be made, in the event of your death.

What is the difference between Primary and Contingent Beneficiary (ies)?

- Primary Beneficiary (ies): Individual(s) you name who should receive the life insurance benefits when you die. If more than one person is named primary beneficiary, death benefits are divided in equal proportions between the then-living beneficiaries or in accordance with your written designations. If no primary beneficiary is living, the benefits go to the contingent beneficiary.
- **Contingent Beneficiary(ies)**: Individual(s) you name, who should receive the benefits to be paid if your primary beneficiary (ies) precedes you in death.

Who is a qualified beneficiary?

Any person, institution, trust, estate, etc., as primary or contingent beneficiary

NOTE:

Spouse. Without your spouse's signature consenting to the foregoing designation of beneficiaries as stipulated on the Beneficiary Assignment Form, it is possible that spousal rights may prevent the named beneficiary (ies) from receiving the total proceeds from the insurance coverage.

Minor Child. If you designate a minor child as your beneficiary, be sure to list information about the child's trustee or guardian as well. Benefits will not be paid directly to a minor child; failure to designate trustee or guardian information could result in a delay of benefits.

Must the percentages for all Primary and/or Contingent beneficiaries equal 100%?

Yes, the Primary Beneficiaries and/or Contingent Beneficiaries must equal 100%. Distributions must be done as full percentage only. (In whole numbers, <u>no</u> decimal points)

Examples of Designations

Name(s)	Date of Birth	Relationship	Primary = P* Contingent = C*	Address	Percent of Benefits			
Jane Smith	xx/xx/xxxx	Spouse	Р	100 Alex Avenue San Diego, CA 92101	<u>100</u> %			
John Smith	xx/xx/xxxx	Son	С	<u>100 Alex Avenue</u> San Diego, CA 92101	<u>75</u> %			
Jackie Clark	xx/xx/xxxx	Mother	С	200 Ray Street San Diego, CA 92113	<u>25</u> %			
How to designate a trust								
Trustee(s) or Successor Trustee(s) as provided in the Anne Smith Public Trust Agreement dated XX/XX/XX, if valid. Otherwise to:		Trustee			<u>100</u> %			
Sarah Smith	xx/xx/xxxx	Sister	Р	1234 Central Avenue Washington, DC 20019	<u>100</u> %			

Do I send a separate form for my Retirement Benefits & Deferred Compensation?

Yes. You must contact Retirement office (619) 515-6800 and Deferred Comp at (619) 531-5840 for their beneficiary designation forms.

Rev. 07/11/2018