

BENEFICIARY DESIGNATION FORM

Name: _____ Employee Number: _____
 Last First Initial Social Security Number: _____

General Instructions and Information:

Instructions:

1. Please use the full names of all beneficiaries. For example, if the employee is John Doe, and he wishes to designate his wife as a beneficiary, he should indicate Mary A. Doe, not Mrs. John Doe.
2. If more space is required for your beneficiaries, please use additional paper and attach it to this form.

Information:

1. A primary beneficiary is entitled to receive payment only if he or she is living when such payment is due.
2. A contingent beneficiary is entitled to receive payment only if he or she is living at the time payment is due and only if there is no primary beneficiary then living. It is not necessary to designate a contingent beneficiary.
3. Minor child(ren) cannot collect life insurance or pension benefits without a court appointed guardian.

Beneficiary Designation for the BH Basic Life and Accidental Death and Dismemberment Insurance

Primary Beneficiary Name and Address	Percentage Must Total 100%	Date of Birth	Relationship	Social Security Number
Contingent Beneficiary				

Beneficiary Designation for the Business Travel Accident Insurance

Primary Beneficiary Name and Address	Percentage Must Total 100%	Date of Birth	Relationship	Social Security Number
Contingent Beneficiary				

Employee/Retiree Signature _____ Date _____ Human Resources Representative _____ Date _____

BENEFICIARY DESIGNATION FORM

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Beneficiary Designation for the BH Supplemental Term Life Insurance Plan

Primary Beneficiary Name and Address	Percentage Must Total 100%	Date of Birth	Relationship	Social Security Number
Contingent Beneficiary				

Beneficiary Designation for the BH Cash Balance Pension Plan

Primary Beneficiary Name and Address	Percentage Must Total 100%	Date of Birth	Relationship	Social Security Number
Contingent Beneficiary				

NOTE: Beneficiary changes become effective on the date this form is signed by the employee/retiree. If you are currently participating in the Star Plus 403/457b Plans with VALIC/Fidelity and wish to change that beneficiary please contact VALIC at 800.448.2542 and Fidelity at 800.343.0860.

 Employee/Retiree Signature Date Human Resources Representative Date