

Beneficiary Form

(Please Print)

Name Of Employee/Insured (Last, First, Middle Initial)			
Prior Last Name		Social Security Number	
Name Of Employer/Association Reilly Electrical Contractors		Group Policy/Account Number	
Address Of Employer/Association 14 Norfolk Avenue, Easton, MA 02375			
Instructions for Naming Beneficiary Below			
Primary Beneficiary(ies) (Last, First, Middle Initial)	Relationship to Employee	Address	Percentage
Contingent Beneficiary(ies) (Last, First, Middle Initial)	Relationship to Employee	Address	Percentage

I designate the beneficiary shown above to receive all sums which may become due on account of my death under the group coverage under the above Group Policy or Account Number and revoke any and all former beneficiary designations with respect to this policy.

Date

Signature Of Employee/Insured

Disinterested Witness

Instructions for Naming Beneficiary

1. Give complete name of beneficiary and relationship to you. If beneficiary is not a close relative, identify by giving complete present address.
2. If beneficiary is a married woman, show given name. (Mary J. Doe, not Mrs. John M. Doe.)
3. An employee may **not** designate his/her employer as beneficiary.
4. Unless otherwise provided, proceeds will be payable in equal shares to those primary beneficiaries who survive the employee, but if no primary beneficiary survives the employee such proceeds will instead be payable in equal shares to those contingent beneficiaries who survive the employee.
5. If you wish to designate any arrangement other than the Primary-Contingent designation, please send complete instructions to your insurance carrier and special forms may be prepared.

Note: This is a revocable beneficiary designation. You may designate a new beneficiary from time to time subject to the conditions and provisions of the Group Policy.