



**Office of Management and Enterprise Services
Employees Group Insurance Division
Beneficiary Designation Form**

Please read the instructions carefully and complete this form in ink.

SSN or Member ID: _____ Member Name: _____
First MI Last

Address: _____
 New Address Street City State ZIP

Beneficiary: Primary % (Optional): _____ Contingent % (Optional): _____
 Full Legal Name of Person, Trust, or Institution: _____
 SSN: _____ Date of Birth: _____ Relationship: _____
 Address: _____
Street City State ZIP
 Phone: (____) _____ Alt Phone: (____) _____

Beneficiary: Primary % (Optional): _____ Contingent % (Optional): _____
 Full Legal Name of Person, Trust, or Institution: _____
 SSN: _____ Date of Birth: _____ Relationship: _____
 Address: _____
Street City State ZIP
 Phone: (____) _____ Alt Phone: (____) _____

Beneficiary: Primary % (Optional): _____ Contingent % (Optional): _____
 Full Legal Name of Person, Trust, or Institution: _____
 SSN: _____ Date of Birth: _____ Relationship: _____
 Address: _____
Street City State ZIP
 Phone: (____) _____ Alt Phone: (____) _____

Beneficiary: Primary % (Optional): _____ Contingent % (Optional): _____
 Full Legal Name of Person, Trust, or Institution: _____
 SSN: _____ Date of Birth: _____ Relationship: _____
 Address: _____
Street City State ZIP
 Phone: (____) _____ Alt Phone: (____) _____

Signature – I have named the above beneficiary or beneficiaries to receive my life insurance benefits from HealthChoice. I understand this form replaces and cancels all prior beneficiary designations and will become effective only when it is received by EGID.

 Member Signature - original signature required

 Date

Mail this form to EGID at 3545 NW 58th Street, Suite 110, Oklahoma City, OK 73112

Instructions for Completing the Beneficiary Designation Form

This beneficiary form applies to the HealthChoice Life Insurance plan offered through the Office of Management and Enterprise Services (OMES) Employees Group Insurance Division (EGID). If you are retired, it does not affect the beneficiaries for any death benefit that may be available through your retirement system.

The beneficiary designations you make on this form replace and cancel all prior life insurance beneficiary designations with EGID. Your designations do not become effective until this form is **signed** and **received** by EGID. Do not alter this form or attach additional pages.

It is very important that you provide the **full legal name, address, relationship, date of birth, and Social Security Number (SSN) of each beneficiary you designate**. This information is essential in ensuring that your named beneficiaries can be located and receive your intended benefit amount. The *Beneficiary Designation Form* has three parts: Member Information, Primary and Contingent Beneficiary Designation, and Signature. **Please print clearly in ink.**

Member Information – Provide your name, SSN or Member ID, and address.

Primary Beneficiary Designation – You can designate one or more primary beneficiaries. All primary beneficiaries share equally, unless you note otherwise.

Contingent Beneficiary Information – You can designate one or more contingent beneficiaries. Contingent beneficiaries receive benefits only in the event all primary beneficiaries die before or simultaneously with the member. All contingent beneficiaries share equally, unless you note otherwise on your form.

Signature – You must sign and date your form.

Special Beneficiary Designations

Sometimes members wish to make a special designation for trusts, minors, or institutions. If you wish to make a special designation, please read the following information carefully.

Designating a trust as beneficiary – To designate a trust as beneficiary, provide the actual name of the trust and the date the trust was created in the space provided.

Designating a minor as beneficiary – A minor can be named your beneficiary; however, it is often difficult and costly for a minor to receive payment, especially if the amount exceeds \$10,000. Before you designate a minor as your beneficiary, you should consult an attorney or professional financial advisor.

Designating an institution as beneficiary – To designate an institution (church, charity, funeral home, etc.) as your beneficiary, provide the full name of the institution and list the address in the space provided.

After you complete and sign the *Beneficiary Designation Form*, mail it to:

**Employees Group Insurance Division
Office of Management and Enterprise Services
3545 NW 58th Street, Suite 110
Oklahoma City, OK 73112**

Remember to keep a copy of your completed form for your records.