

Life Insurance Beneficiary Designation/Change Form



Vista Healthplan, Inc.
1340 Concord Terrace, Sunrise, FL 33323
ATTN: SBBC Account Management Team
Phone: 954-858-3557 ♦ Fax: 877-559-7709

Requesting:

Beneficiary Designation Beneficiary Change Employee Name Change

Group Number: 131339	Employer: School Board of Broward County
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Section I: Personal Information

Last Name (Print)	First Name	M.I.	Social Security Number	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth (mm/dd/yyyy)
Street Address		City		State	Zip Code

Section II: Employee Beneficiary Designation

Primary Beneficiary – First to receive payment (required) – In equal shares unless otherwise provided below.

Named Individuals (Enter name, address, date of birth, Social Security Number and relationship to the insured for each name listed.)

Name	Address	Date of Birth	Social Security Number	Relationship	%

Estate of Insured **TOTAL 100%**

Revocable or Irrevocable Trust (Enter the name of the Trustee, name of Trust and complete date of Trust.)

Trustee under Insured's Will (If choosing this option DO NOT enter additional names in the Primary Beneficiary field.)

Secondary Beneficiary – Second to receive payment (optional) – In equal shares unless otherwise provided below.

Named Individuals (Enter name, address, date of birth, Social Security Number and relationship to the insured for each name listed.)

Name	Address	Date of Birth	Social Security Number	Relationship	%

Estate of Insured **TOTAL 100%**

Revocable or Irrevocable Trust (Enter the name of the Trustee, name of Trust and complete date of Trust.)

Trustee under Insured's Will (If choosing this option DO NOT enter additional names in the Primary Beneficiary field.)

Section III. Employee Name Change

NEW NAME	Last Name (Please Print)	First Name	M.I.
OLD NAME	Last Name (Please Print)	First Name	M.I.

Section IV. Employee Signature / Date (required)

I hereby revoke all former beneficiary designations applicable to this insurance policy, make the designation(s) listed above, and reserve the right to change this designation of beneficiary.

Employee's Signature **Date**