



Life Insurance Company of North America
 New York Life Group Insurance Company of NY
 Connecticut General Life Insurance Company

Beneficiary Designation Form

Employer Name: _____
 Employee Name: _____ Employee Social Security Number: _____
 Current Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Work Phone: _____

Primary and Contingent Beneficiaries - Unless you designate a percentage, proceeds are paid to primary beneficiaries in equal shares. Proceeds are paid to contingent beneficiaries only when there are no surviving primary beneficiaries. If you designate contingent beneficiaries and do not designate percentages, proceeds are paid to the surviving contingent beneficiaries in equal shares. Unless otherwise provided, the share of a beneficiary who dies before the insured will be divided proportionately among the surviving beneficiaries in the respective category (primary or contingent).

If you need additional space to indicate your beneficiary designations, attach a separate piece of paper using the below format including the appropriate policy number, the date, and your signature.

Basic Life Insurance				Policy No.
Employee's Primary Beneficiary(ies):	Relationship	Social Security Number	Date of Birth	% (total must equal 100%)
				%
				%
				%
Employee's Contingent Beneficiary(ies):	Relationship	Social Security Number	Date of Birth	% (total must equal 100%)
				%
				%
				%
Voluntary Life Insurance				Policy No.
<input type="checkbox"/> Check here if you want to use the same designations here that you used for Basic Life Insurance and do not complete the rest of this section.				
Employee's Primary Beneficiary(ies):	Relationship	Social Security Number	Date of Birth	% (total must equal 100%)
				%
				%
				%
Employee's Contingent Beneficiary(ies):	Relationship	Social Security Number	Date of Birth	% (total must equal 100%)
				%
				%
				%
Basic Accidental Death & Dismemberment Insurance				Policy No.
<input type="checkbox"/> Check here if you want to use the same designations here that you used for Basic Life Insurance and do not complete the rest of this section.				
Employee's Primary Beneficiary(ies):	Relationship	Social Security Number	Date of Birth	

Note: This form is not complete without your signature. Please sign the form on the next page where indicated.

<input type="checkbox"/>				

Owner's Signature: _____ Date: _____

Guidelines for Designation of Beneficiaries

General - Please be sure to include the beneficiary's full name, social security number and relationship to you. Providing this information can help expedite the claim process by making it easier to locate and verify beneficiaries.

Minors - While you may designate minors as beneficiaries, please note that claim payments may be delayed due to special issues raised by these designations. In the event of a claim and the beneficiary is a minor child, the insurance proceeds will not be released to the minor child. The insurance proceeds may be paid to a duly appointed guardian.