

Standard Insurance Company

PO Box 4744 Portland OR 97208
Tel 800.522.0406 Fax 888.414.0393

Beneficiary Designation/Change for Employer Paid Life and Disability Insurance

You may use this form to designate beneficiary(ies) for the insurance that you receive or elected through your Employer. Designations are not valid unless signed, dated, and delivered to your Employer during your lifetime.

- Complete Section 1 for Life with Accidental Death and Dismemberment (AD&D) Insurance.
- Complete Section 2 for Disability Insurance.
- If you have both Life and Disability insurance you may elect to have the same beneficiary(ies) for all of your insurance coverage by checking the appropriate box below and then entering the beneficiary information in one section.
- If you name more than two primary or contingent Beneficiaries, please attach a separate sheet of paper.

Sign and date the completed form and return it to your Employer. See page 2 for further information. If you have questions about completing this form please contact your Employer.

FIRST NAME	MIDDLE INITIAL	LAST NAME		SIC USE ONLY	GROUP NO.
ADDRESS		CITY	STATE	ZIP	DATE OF BIRTH
PARTICIPANT ID (IF KNOWN)	SCHOOL DISTRICT	BUILDING/WORK SITE			

BENEFICIARY INFORMATION

Check this box and enter information in only one section below if you wish to designate the same beneficiary(ies) for all of your insurance coverage.

1. Beneficiary designation for Life with Accidental Death and Dismemberment (AD&D) Insurance, Supplemental Life with AD&D, and Supplemental Plus Life with AD&D

FULL NAME	DATE OF BIRTH	ADDRESS	SOCIAL SECURITY NO.	RELATIONSHIP	% OF BENEFIT
Primary					
Primary					
TOTAL 100%					
Contingent					
Contingent					
TOTAL 100%					

2. a. Beneficiary designation for Disability Insurance Survivors Benefit

FULL NAME	DATE OF BIRTH	ADDRESS	SOCIAL SECURITY NO.	RELATIONSHIP	% OF BENEFIT
Primary					
Primary					
TOTAL 100%					
Contingent					
Contingent					
TOTAL 100%					

b. Beneficiary designation for Accidental Death and Dismemberment Insurance associated with your Disability Insurance

FULL NAME	DATE OF BIRTH	ADDRESS	SOCIAL SECURITY NO.	RELATIONSHIP	% OF BENEFIT
Primary					
Primary					
TOTAL 100%					
Contingent					
Contingent					
TOTAL 100%					

SIGNATURE REQUIRED

Signature _____ Date _____

BENEFICIARY INFORMATION

- Your designation revokes all prior designations.
- Benefits are payable to a contingent Beneficiary only if you are not survived by one or more primary Beneficiaries.
- If you name two or more Beneficiaries in a class (primary or contingent), two or more surviving Beneficiaries will share equally, unless you provide for unequal shares. If you complete the “% of Benefit” box(es), the amounts should add up to 100% for each class (primary or contingent). For example, “Primary - John Q. Doe, 60%; Jane Q. Doe, 40%.”
- If a minor (a person not of legal age) or your estate is the Beneficiary, it may be necessary to have a guardian or a legal representative appointed by the court before any death benefit can be paid. If the Beneficiary is a trust or trustee, the written trust must be identified in the Beneficiary designation. For example, “Dorothy Q. Smith, Trustee under the trust agreement dated.”
- A power of attorney must grant specific authority, by the terms of the document or applicable law, to make or change a Beneficiary designation. If you have questions, consult your legal advisor.
- Dependents Insurance, if any, is payable to you, if living, or as provided under the Group Policy.
- If you currently have a Beneficiary designation on file with your plan administrator for Life coverage under Standard’s Group Policy, that designation will also apply to any approved Additional/Optional Life, or other coverage increase. If you have no Beneficiary designation on file or wish to change the name of the current designee, contact The Standard at 800.522.0406.