



Group Term Life Insurance Beneficiary Designation

Use this form to name the persons or entities you want to receive your life insurance proceeds after your death.

Primary Policy Holder (NYS Employee)

Form for Primary Policy Holder with fields: Last Name, First Name, MI, Date of Birth, Social Security Number, Phone Number, Street Address, City, State, Zip Code

Beneficiaries

Use this portion of the form to name the persons or entities you want to receive your life insurance proceeds after your death and include what percentage each will receive. In each beneficiary box you must check a box to determine if they are to be designated as a Primary or Contingent beneficiary.

- Primary beneficiaries are your first choice to receive the insurance proceeds after your death. If a primary beneficiary dies before you, their share(s) will be divided equally between the remaining primary beneficiaries.
Contingent beneficiaries receive the insurance proceeds only if all of the primary beneficiaries are deceased at the time of your death.

If a beneficiary dies before you, we will divide their share(s) equally between the remaining beneficiaries. The total proceeds for all primary beneficiaries must equal 100% and all contingent beneficiaries must equal 100%.

Beneficiary 1 form with checkboxes for Primary and Contingent, and a field for Proceeds assigned to this person: _____%

Beneficiary 2 form with checkboxes for Primary and Contingent, and a field for Proceeds assigned to this person: _____%

Beneficiary 3 form with checkboxes for Primary and Contingent, and a field for Proceeds assigned to this person: _____%

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Beneficiary 4: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent		Proceeds assigned to this person: _____ %	
Last Name		First Name	MI
Date of Birth	Social Security Number	Phone Number	Relationship to Insured
Street Address		City	State Zip Code

In lieu of or in addition to naming individual(s) as beneficiaries, you may also allocate all or a percentage of the insurance proceeds to your estate, a testamentary trust created in your last Will and Testament, a living Trust, or a charity or organization of your choosing.

Estate, Trust or Charity/Organization: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent		Proceeds assigned: _____ %	
Name of the entity			
Contact Name		Phone Number	
Street Address	City	State	Zip Code
If a Trust, fill out the following:			
Trust Date		Trust Tax ID Number	
Trustee Last Name	First Name		MI

The total proceeds for primary beneficiaries must equal 100% AND the total proceeds for contingent beneficiaries must equal 100%.

Personal Privacy Protection Law Notification

The information you provide on this application is requested in accordance with Section 163 of New York State Civil Service Law for the principal purpose of administering the New York State Health Insurance Program. This information will be used in accordance with Section 96 (1) of the Personal Privacy Protection Law, particularly subdivisions (b), (e) and (f). Failure to provide the information requested may interfere with our ability to comply with your request. This information will be maintained by the Director, Employee Benefits Division, Department of Civil Service, Albany, NY 12239; (518) 473-1977. For information relating only to the Personal Privacy Protection Law, call (518) 457-9375.

By signing below, I hereby revoke any previous designations, and I designate the person, people, or entity named herein as beneficiaries.

Check if you are completing and signing this form as agent for the insured under a valid Power of Attorney. Please submit a copy of the Power of Attorney with this beneficiary form.

Name (Please Print): _____

Signature: _____

Date: _____