

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 Primary Contingent Proceeds Assigned to This Entity

Name of the Entity

Contact Name

Street Address City State Zip

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.

Printed Name

► Signature _____ Date __ / __ / ____