Life Insurance
Beneficiary Designation Form

The employer **must** keep this form on file.

Section 1: General information

Name of employer/group (if applicable)	Policy/Certification no.
WACO, Inc.	CM10002690
Name of insured **(Employee Name)**	Social Security no.
Name of policyholder (if different) Same as Insured	[redacted]

If you live in a state with marital or community property laws, and your spouse (husband or wife) is not listed as a primary beneficiary for at least 50% of this life insurance policy, then your spouse must consent by signing below. (Note: Not applicable if living in MD, NC, VA or WV)

Section 2: Beneficiary designation — Attach a separate sheet if necessary.

Note: the Contingent Beneficiary only applies if the Primary Beneficiary is / are deceased. See details on 2nd page.

Beneficiary type	Name of beneficiary	Percentage %	Social Security no.	Relationship to applicant	Date of birth
☐ Primary ☐ Contingent	Street address	City		State / ZIP code	Phone no.
Beneficiary type ☐ Primary ☐ Contingent	Name of beneficiary	Percentage %	Social Security no.	Relationship to applicant	Date of birth
	Street address	City		State / ZIP code	Phone no.
Beneficiary type ☐ Primary ☐ Contingent	Name of beneficiary	Percentage %	Social Security no.	Relationship to applicant	Date of birth
	Street address	City		State / ZIP code	Phone no.
Beneficiary type ☐ Primary ☐ Contingent	Name of beneficiary	Percentage %	Social Security no.	Relationship to applicant	Date of birth
	Street address	City		State / ZIP code	Phone no.

Total percentages must add up to 100%. If the total percentages add to up less than 100%, the remaining percentage will be paid in equal shares to all named beneficiaries to total 100%. If the total percentages add to up more than 100%, each named beneficiary's share will be reduced equally to total 100%. If no percentages are indicated, the proceeds will be divided equally. If no primary beneficiary survives, the proceeds will be paid to the contingent beneficiary(ies) listed above. Beneficiaries may be changed by the insured's written notice to his or her employer.

[redacted]

This section intentionally deleted.

[redacted]

Section 3: Signature

Signature of insured	Date signed (MMDDYYYY)
X Employee signature here:	

Si usted necesita ayuda en Español para entender este documento, puede solicitarlo sin ningun costo adicional llamando al número de servicio al cliente que se encuentra en este documento.

In California, Life and Disability products are underwritten by Anthem Blue Cross Life and Health Insurance Company. In Georgia, Life and Disability products are underwritten by Greater Georgia Life Insurance Company using the trade name Anthem Life. In New York, Life and Disability products are underwritten by Anthem Life & Disability Insurance Company. In all other states: Life and Disability products are underwritten by Anthem Life Insurance Company or UniCare Life & Health Insurance Company.

The employer **must** keep this form on file.

Beneficiary designations

Below, "Insurer" refers to the insurance company of your group life plan: Anthem Life Insurance Company, Anthem Life & Disability Insurance Company, Anthem Blue Cross Life and Health Insurance Company, Greater Georgia Life Insurance Company, or UniCare Life & Health Insurance Company.

Definitions:

The purpose of designating beneficiaries for this policy is to tell the Insurer exactly how you wish the proceeds of your policy/certificate to be paid upon your death. Therefore, please take a moment to read the examples below:

Primary Beneficiary:

Person or persons to receive the Life Insurance proceeds upon the death of the Insured. If more than one Primary Beneficiary is listed, death benefits are divided equally among all the living Primary Beneficiaries, unless otherwise stated.

Contingent Beneficiary:

Person or persons to receive the Life Insurance proceeds when the Primary Beneficiary(ies) dies before the Insured. If more than one Contingent Beneficiary is listed, death benefits are divided equally among all the living Contingent Beneficiaries, unless otherwise stated.

Examples of correct beneficiary designations:

Joe and Jane Smith — Father and Mother	George Jones — Friend
William E. Brown — Spouse	Donald C. White, Jane E. Smith, and Richard E. Beck — Children

If you choose the estate or a trust as your beneficiary, see the following example beneficiary designation:

Insured's estate: John Q. Smith –- trustee under the Mary R. Smith Trust dated 01/02/2006.

Full given names of each beneficiary must be clearly stated.

Note: Insureds of group insurance may not designate their employer as beneficiary. Employees should make a copy to keep for their personal records. Employers need to keep original on file. For all Voluntary benefits, a legible copy must be sent to the Insurer.