

# Change in Beneficiary Form

State of West Virginia Public Employee Insurance Agency

601 57th St., SE, Suite 2 • Charleston, WV 25304-2345

Full Legal Name (Last)	(First)	(MI)	(Generation: Jr., Sr., etc.)	Social Security Number
Mailing Address			County of Residence	Home Telephone ( )
City	State	Zip		Work Telephone ( )
Physical Address				Gender (Circle One) M F
City	State	Zip		Date of Birth (mm/dd/yy)

**INSTRUCTIONS:** Clearly print or type the information below, then sign and date the completed form. Return to the address listed above or fax to 1(877) 233-4295 or 1(304) 558-2470.

## EMPLOYEE BASIC LIFE BENEFICIARY DESIGNATIONS

**PRIMARY BENEFICIARY(IES) – The person or persons named will receive the benefit**

Legal Full Name (Last, First, MI, Generation)	Date of Birth	Address and Phone Number	Social Security Number	Relationship Spouse/Child/Other	Share % (must total 100%)

**CONTINGENT BENEFICIARY(IES) – If the primary beneficiary(ies) is no longer living, the benefit is paid to this person(s)**

Legal Full Name (Last, First, MI, Generation)	Date of Birth	Address and Phone Number	Social Security Number	Relationship Spouse/Child/Other	Share % (must total 100%)

## OPTIONAL LIFE BENEFICIARY DESIGNATIONS

Same Beneficiaries and Shares as Basic Life Designations

**PRIMARY BENEFICIARY(IES) – The person or persons named will receive the benefit**

Legal Full Name (Last, First, MI, Generation)	Date of Birth	Address and Phone Number	Social Security Number	Relationship Spouse/Child/Other	Share % (must total 100%)

**CONTINGENT BENEFICIARY(IES) – If the primary beneficiary(ies) is no longer living, the benefit is paid to this person(s)**

Legal Full Name (Last, First, MI, Generation)	Date of Birth	Address and Phone Number	Social Security Number	Relationship Spouse/Child/Other	Share % (must total 100%)

### SIGNATURES REQUIRED

Insured's signature X	Date
‡ s signature X	Date

The primary and contingent beneficiary(ies) determines the order in which beneficiaries become eligible to receive a death benefit. Surviving beneficiaries in any category share equally with beneficiaries in the same category unless otherwise specified. Use of the word "Children", without modification, includes only your biological children of first generation and adopted children. For revocable designations, this signed beneficiary designation, when accepted by the underwriting company, is the only form needed to elect or change a designation under this policy. No other documents are required.

Name beneficiaries by category. If no percentage is noted, the death benefit will be paid in equal shares to the named beneficiaries who survive the employee. If unequal percentages are assigned to the beneficiaries, the share of any beneficiary who predeceases the employee will be distributed equally among all surviving named beneficiaries. If no such beneficiary survives, the payment will be made in accordance with the terms of the policy. To receive a death benefit, a beneficiary must survive the insured. In the event a beneficiary does not survive the insured, that beneficiary's portion shall be equally distributed to the remaining beneficiaries within that category. In the event of simultaneous death of the insured and a beneficiary, the death benefit will be paid as if the insured survived the beneficiary.

**The same person CANNOT be named as a primary and a contingent beneficiary.**

## EXAMPLES OF BENEFICIARY DESIGNATIONS

**Example 1: If a primary beneficiary is to receive the benefit, followed by a contingent beneficiary, if the primary beneficiary is deceased.**

PRIMARY BENEFICIARY(IES) – The person or persons named will receive the benefit					
Legal Full Name (Last, First, MI, Generation)	Date of Birth	Address and Phone Number	Social Security Number	Relationship	Share % (must total 100%)
Smith, Jane A.	01-01-1971	123 Main Street, Anywhere, WV, 12345; 304-555-1234	XXX-XX-XXXX	Daughter	100%
					Total = 100%
CONTINGENT BENEFICIARY(IES) – If the primary beneficiary(ies) is no longer living, the benefit is paid to this person(s)					
Legal Full Name (Last, First, MI, Generation)	Date of Birth	Address and Phone Number	Social Security Number	Relationship	Share % (must total 100%)
Brown, Nancy B.	02-02-1951	456 Main Street, Anywhere, WV, 12345; 304-555-4567	XXX-XX-XXXX	Sister	100%
					Total = 100%

**Example 2: If more than one primary beneficiary is to receive the benefit first, followed by the contingent beneficiary(ies) if all the primary beneficiaries are deceased.**

PRIMARY BENEFICIARY(IES) – The person or persons named will receive the benefit					
Legal Full Name (Last, First, MI, Generation)	Date of Birth	Address and Phone Number	Social Security Number	Relationship	Share % (must total 100%)
Smith, Jane A.	01-01-1971	123 Main Street, Anywhere, WV, 12345; 304-555-1234	XXX-XX-XXXX	Daughter	40%
Smith, John J., Sr.	03-03-1952	123 Main Street, Anywhere, WV, 12345; 304-555-1234	XXX-XX-XXXX	Husband	40%
Jones, Mary C.	04-04-1965	22 Oak Street, Anywhere, WV, 12345; 304-555-2222	XXX-XX-XXXX	Friend	20%
					Total = 100%
CONTINGENT BENEFICIARY(IES) – If the primary beneficiary(ies) is no longer living, the benefit is paid to this person(s)					
Legal Full Name (Last, First, MI, Generation)	Date of Birth	Address and Phone Number	Social Security Number	Relationship	Share % (must total 100%)
Brown, Nancy B.	02-02-1951	456 Main Street, Anywhere, WV, 12345; 304-555-4567	XXX-XX-XXXX	Sister	50%
Johnson, Jack E.	05-05-1958	5 Elm Street, Anywhere, WV, 12345; 304-555-5555	XXX-XX-XXXX	Brother	50%
					Total = 100%

**Example 3: If the beneficiary is a formal trust.**

PRIMARY BENEFICIARY(IES) – The person or persons named will receive the benefit					
Legal Full Name (Last, First, MI, Generation)	Date of Birth	Address and Phone Number	Social Security Number	Relationship	Share % (must total 100%)
Smith, Jane A. – Trustee, her successors or successor in trust under the Jane A. Smith Revocable Trust Agreement. Executed by the insured on June 1, 2008.			N/A	Trust	100%
					Total = 100%