

City of Savannah Beneficiary Form

Name: Last	First	Employee ID	Department
Contact: Email	Phone Number	Position	Date

***IMPORTANT: List at least one beneficiary for your Life Insurance. Benefit is payable to contingent beneficiary ONLY if all primary beneficiaries are deceased. If a class of beneficiaries contains more than one person, the benefit is apportioned equally unless specified otherwise.**

BENEFICIARY – LIFE INSURANCE

Name	Relationship	Phone Number	Date of Birth	Percent	Designation
					<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
					<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
					<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
					<input type="checkbox"/> Primary <input type="checkbox"/> Contingent

***IMPORTANT: If you are married, your Pension beneficiary MUST be your spouse. Please contact Human Resources for additional information.**

BENEFICIARY - PENSION

Name	Relationship	Phone Number	Date of Birth	Percent	Designation
					<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
					<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
					<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
					<input type="checkbox"/> Primary <input type="checkbox"/> Contingent

Agreement and Authorization

I certify all information on this form to be correct to the best of my knowledge. I understand that it is my responsibility to report any change in the eligibility of myself or my dependents. By signing this enrollment form, I authorize the selected benefit plans to use and access my records for claims processing, quality assurance and utilization of review purposes. This authorization will be valid for the duration of my enrollment in the select benefit plans.

Subject to the terms of my employer’s plan, I require that any sum becoming due upon my death be payable to the beneficiary/ies designated above. I understand this designation will supersede all prior designations made by me under my employer’s plan. If more than one beneficiary is designated, payment will be made in the percentages designated (*or in equal shares*) to the primary beneficiaries who survive the participant. If no primary beneficiary survives the participant, payment will be made in the percentages designated (*or in equal shares*) to the contingent beneficiaries who survive the participant. If a percentage is not designated, it will be assumed that you wish the value of your plan account to be split equally among all designated beneficiaries. If no beneficiary survives the participant, payment will be made pursuant to the terms of the plan.

PRINT NAME: _____

SIGNATURE: _____

DATE: _____

Submit Completed Form to City of Savannah Human Resources Department Benefits Division.