

Instructions for Completing the Beneficiary Designation Form

This beneficiary form applies to the HealthChoice Life Insurance Plan offered through the Office of Management and Enterprise Services (OMES) Employees Group Insurance Division (EGID). If you are retired, it does not affect the beneficiaries for any death benefit you may have through your retirement system.

The beneficiary designations you make on this form replace and cancel all prior life insurance beneficiary designations with EGID. Your designations do not become effective until this form is **signed** and **received** by EGID. Do not alter this form or attach additional pages.

It is very important that you provide the **full legal name, address, relationship, date of birth and Social Security number (SSN) of each beneficiary you designate**. This information is essential in ensuring that your named beneficiaries can be located and receive your intended benefit amount. The “Beneficiary Designation Form” has three parts: Member Information, Primary and Contingent Beneficiary Designation, and Signature. **Please print clearly in ink.**

Group Information – Provide your group number, division number, and group name. This information is not required of a former employee/retiree.

Member Information – Provide your name, SSN or Member ID, and address.

Primary Beneficiary Designation – You can designate one or more primary beneficiaries. All primary beneficiaries share equally, unless you note otherwise.

Contingent Beneficiary Designation – You can designate one or more contingent beneficiaries. Contingent beneficiaries receive benefits only in the event all primary beneficiaries die before or simultaneously with the member. All contingent beneficiaries share equally, unless you note otherwise on your form.

Signature – You must sign and date your form.

Special Beneficiary Designations

Sometimes members wish to make a special designation for trusts, minors or institutions. If you wish to make a special designation, please read the following information carefully.

Designating a trust as beneficiary – To designate a trust as beneficiary, provide the actual name of the trust and the date the trust was created in the space provided.

Designating a minor as beneficiary – A minor can be named your beneficiary; however, it is often difficult and costly for a minor to receive payment, especially if the amount exceeds \$10,000. Before you designate a minor as your beneficiary, you should consult an attorney or professional financial advisor.

Designating an institution as beneficiary – To designate an institution (church, charity, funeral home, etc.) as your beneficiary, provide the full name of the institution and list the address in the space provided.

After you complete and sign the “Beneficiary Designation Form”, mail it to:

**Office of Management and Enterprise Services
Employees Group Insurance Division
3545 N.W. 58th St., Ste. 600
Oklahoma City, OK 73112**

Remember to keep a copy of your completed form for your records.



**Office of Management and Enterprise Services
Employees Group Insurance Division
Beneficiary Designation Form**

Please read the instructions carefully and complete this form in ink.

Group ID # _____ Division ID # _____ Group Name _____

(The above information to be completed by current employees only.)

SSN or Member ID: _____ Member Name: _____
First MI Last

Address: _____
 New Address Street City State ZIP

Phone: (____) _____ Alt Phone: (____) _____

****Important**:** Please ensure the "Share Percentage" section in both Primary Beneficiary(ies) and Contingent Beneficiary(ies) add up to 100 percent. Payment will be made in equal shares to all surviving beneficiaries unless otherwise indicated.

PRIMARY BENEFICIARY(IES)

Primary Beneficiary's Name and Address	SSN	Phone #	Relationship	Date of Birth	Share Percentage
					100%

CONTINGENT BENEFICIARY(IES)

Proceeds are paid to the contingent beneficiary(ies) identified below only if there is no surviving primary beneficiary(ies).

Contingent Beneficiary's Name and Address	SSN	Phone #	Relationship	Date of Birth	Share Percentage
					100%

I have named the above beneficiary or beneficiaries to receive my life insurance benefits from HealthChoice. I understand this form replaces and cancels all prior beneficiary designations and will become effective only when it is received by EGID.

Member Signature - original signature required

Date

Mail this form to OMES EGID at 3545 N.W. 58th St., Ste. 600, Oklahoma City, OK 73112