



**SUNWEST EMPLOYER SERVICES INC.  
DESIGNATION OF BENEFICIARY AND CONTINGENT BENEFICIARY(IES)**

Basic Term Life Insurance through Humana is a benefit provided by Sunwest (at no charge) to all full-time employees. This benefit becomes effective first of the month following 90 days of full-time employment with Sunwest. Sunwest considers full-time employment as working 30 hours per week.

Humana Group Policy: #547722 Insured employee's social security number: \_\_\_\_\_

**Primary Beneficiary Designation**

| <b>FULL NAME (Last, First, Middle Initial)</b> | <b>RELATIONSHIP</b> | <b>DATE OF BIRTH</b> | <b>ADDRESS (Street, City, State, Zip)</b> | <b>SHARE%</b> |
|--|---------------------|----------------------|---|---------------|
|  |                     |                      |   |               |
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|  |                     |                      |   |               |

**Payment will be made in equal shares or all to the survivor unless otherwise indicated. Total share designation must equal 100%**

In the event said primary beneficiary(ies) predecease(s) the insured, I designate as contingent beneficiary(ies) below:

**Contingent Beneficiary Designation**

| <b>FULL NAME (Last, First, Middle Initial)</b> | <b>RELATIONSHIP</b> | <b>DATE OF BIRTH</b> | <b>ADDRESS (Street, City, State, Zip)</b> | <b>SHARE%</b> |
|--|---------------------|----------------------|---|---------------|
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**Payment will be made in equal shares or all to the survivor unless otherwise indicated. Total share designation must equal 100%**

If no primary or contingent beneficiary designated shall be living following the insured's death, the amount payable by reason of the insured's death shall be payable as provided in the Group Policy.

I, the insured, reserve the right to change this designation at any time.

This designation becomes effective upon receipt by the Benefits Department at Sunwest Employer Services.

\_\_\_\_\_  
Name and address of Insured or Owner (if assigned). (Please print)

\_\_\_\_\_  
Signature of Insured or Owner (if assigned)

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Please print your full name for clarification purposes

**Please do not elect yourself as a beneficiary.** Life benefits are paid out upon the death of the "covered employee". Without a beneficiary elected, the life benefit cannot be paid out.

**Please note – Do not erase or attempt to make any corrections, please utilize a new form for changes and/or corrections. When the beneficiary is not related to you by blood or marriage, the "Relationship" designation should read "Nonrelative".**