

## Change Form for Basic Group Term Life & AD&D (1x Salary to \$100,000)

**RETURN TO THE HUMAN RESOURCES DEPARTMENT** This form stays in the HR file.

Do not mail completed form to Humana/KMG America/Kanawa Insurance Company.

Attach completed form to the original enrollment form in the HR file.

Employer: **Sumner County Government**

Group Number #596674

Employee(Insured's) Name: \_\_\_\_\_ SS# \_\_\_\_\_

### Change of Beneficiary:

I hereby authorize the beneficiary(ies) designated below. I understand that this authorization replaces any previous designation.

Primary Beneficiary (First - MI - Last) %	Relationship	DOB	Social Security #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Contingent Beneficiary: (Note: Contingent Beneficiary will receive benefits only if the Primary Beneficiary does not survive you.)

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Change of Name:** (First - MI - Last) Reason for change: \_\_\_\_\_

To: \_\_\_\_\_ From: \_\_\_\_\_

If you need more room, please use the back of this enrollment form or attach a separate sheet of paper.

**Note 1:** A Contingent Beneficiary will receive benefits only if the Primary Beneficiary does not survive you.

**Note 2:** If death occurs and a minor (a person not of legal age) or your estate is the beneficiary, it will be necessary to have a guardian or an administrator appointed before any death benefit can be paid. This means court expenses for the beneficiary and delay in the payment of the death claim.

**Note 3:** You can change your Beneficiary at any time by completing a Change of Beneficiary form.

Date: \_\_\_\_\_ Insured's Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Witness' Signature: \_\_\_\_\_

A witness is not required, but it is recommended.