

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

Employer: **Sumner County Government**

US Able Life: **50002948**

Employee(Insured's) Name: _____ SS# _____

Change Name To: _____ **Change is due to:** _____

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) % or \$amount	Relationship	DOB	Social Security #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

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

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.