



**Group Term Life & Accidental Death Insurance
Voluntary Term Life & Accident Insurance
Beneficiary Designation Form**

Effective Date: _____

☐ **Policy: Group Life (FLX964727) & AD&D (OK966316)**
Premiums are paid by Marion County

☐ **Policy: Voluntary Term Life (FLX964730) & AD&D (OK966319)**
Premiums are paid by the employee

Last Name	First Name	Middle Initial
Phone Number	Department	Employee Number

Read the following instructions before completing this form:

*** If you designate a minor (a person under the age of 18) we recommend you consult with a legal professional to review laws associated with the distribution of death benefits to minors.**

*** If you designate a trust or a trustee, you must have a written trust agreement. Please take this into consideration when naming your beneficiary(s).**

PRIMARY DESIGNATION: Total must equal 100%

Full Name	% of Benefit	Mailing Address	Phone Number	Relationship

CONTINGENT DESIGNATION: Who should receive benefit if primary designees pre-decease you. Total must equal 100%

Full Name	% of Benefit	Mailing Address	Phone Number	Relationship

Employee Signature _____ Emp. Number _____ Date _____