

Instructions for Completing the Beneficiary Designation Form

This beneficiary form applies to the HealthChoice Life Insurance plan offered through the Oklahoma State and Education Employees Group Insurance Board (OSEEGIB). If you are retired, it does not affect the beneficiaries for any Death Benefit that may be available through your retirement system.

The beneficiary designations you make on this form replace and cancel all prior beneficiary designations with OSEEGIB for your life insurance. Your designations do not become effective until this form is **signed** and **received** by OSEEGIB. 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 beneficiary is located and receives your intended amount. The *Beneficiary Designation Form* has three parts: Member Information; Primary and Contingent Beneficiary Designation; and Signature. **Please print clearly in ink.**

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

Primary Beneficiary Designation – You may designate one or more primary beneficiaries. All primary beneficiaries share equally, unless otherwise noted on your form.

Contingent Beneficiary Information – You may designate one or more contingent beneficiaries. Contingent beneficiaries only receive benefits in the event all primary beneficiaries die before or simultaneously with the member. All contingent beneficiaries share equally, unless otherwise noted 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 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 beneficiary to receive payment especially if the amount to be paid 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 have completed and signed the *Beneficiary Designation Form*, mail it to:

Oklahoma State and Education Employees Group Insurance Board
3545 NW 58th, Suite 110
Oklahoma City, OK 73112

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



OKLAHOMA STATE AND EDUCATION EMPLOYEES GROUP INSURANCE BOARD

A Division of the Office of State Finance

BENEFICIARY DESIGNATION FORM

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

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

Address: _____
 New Address Street City State Zip Code

Beneficiary: Primary % (Optional): _____ Contingent % (Optional): _____
 Full Legal Name of Person, Trust, or Institution: _____
 SSN: _____ Date of Birth: _____ Relationship: _____
 Address: _____
 Street City State Zip Code
 Phone: (____) _____ Alt Phone: (____) _____

Beneficiary: Primary % (Optional): _____ Contingent % (Optional): _____
 Full Legal Name of Person, Trust, or Institution: _____
 SSN: _____ Date of Birth: _____ Relationship: _____
 Address: _____
 Street City State Zip Code
 Phone: (____) _____ Alt Phone: (____) _____

Beneficiary: Primary % (Optional): _____ Contingent % (Optional): _____
 Full Legal Name of Person, Trust, or Institution: _____
 SSN: _____ Date of Birth: _____ Relationship: _____
 Address: _____
 Street City State Zip Code
 Phone: (____) _____ Alt Phone: (____) _____

Beneficiary: Primary % (Optional): _____ Contingent % (Optional): _____
 Full Legal Name of Person, Trust, or Institution: _____
 SSN: _____ Date of Birth: _____ Relationship: _____
 Address: _____
 Street City State Zip Code
 Phone: (____) _____ Alt Phone: (____) _____

Beneficiary: Primary % (Optional): _____ Contingent % (Optional): _____
 Full Legal Name of Person, Trust, or Institution: _____
 SSN: _____ Date of Birth: _____ Relationship: _____
 Address: _____
 Street City State Zip Code
 Phone: (____) _____ Alt Phone: (____) _____

Signature – 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 designations and will become effective only when it is received by OSEEGIB.

Member Signature - original signature required Date

Mail this page to OSEEGIB at 3545 NW 58th Street, Suite 110, Oklahoma City, OK 73112