



# LIFE INSURANCE ELECTION & BENEFICIARY FORM

Please use this form to name beneficiaries for your \$5,000 term life policy. **This designation revokes all previous designations.**

**Start here (select one of the following):**

I wish to elect coverage: \_\_\_ Yes (complete Section 1, 2 &3) \_\_\_ No (complete Section 1 & 3 only)

I wish to change Beneficiary Information \_\_\_ (complete 1, 2 & 3)

## SECTION 1:

Participant Name: \_\_\_\_\_ Participant SSN: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_

## SECTION 2: Beneficiary Information

### PRIMARY\*

Full Name	% of Benefit	Address	Social Security#	Relationship
_____	_____%	_____	_____	_____
_____	_____%	_____	_____	_____

### CONTINGENT\*

Full Name	% of Benefit	Address	Social Security#	Relationship
_____	_____%	_____	_____	_____
_____	_____%	_____	_____	_____

\*Beneficiary Examples:

Two Primary Beneficiaries:

Peter Smith	60%	77 America St, Anytown, USA 77777	000-00-7778	Husband
Pam Smith	40%	77 America St, Anytown, USA 77777	000-00-7878	Daughter

One Primary & One Contingent Beneficiaries:

Primary:

Peter Smith	100%	77 America St, Anytown, USA 77777	000-00-7778	Husband
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Contingent:

Pam Smith	100%	77 America St, Anytown, USA 77777	000-00-7878	Daughter
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## SECTION 3: Signature

Life Insurance provided by The Standard, Portland Oregon 800-628-8600.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**BY MAIL:**

Office of Human Resources  
Benefits-Retiree  
101 Administration Bldg  
Warrensburg, MO 64093

**BY FAX:**

660-543-4200