INSTRUCTIONS: LIFE INSURANCE BENEFICIARY FORM

As a new employee, you have Basic Life insurance effective immediately. As such, it's important that you establish your beneficiaries on or before your start date with the county. Please note that your beneficiary designations can be updated or changed at any time. Once you have been set up in myOCPortal, you'll be able to make these updates online through self-service. As a new hire, please be sure to complete your paper form and submit it to HR Benefits on or before your start date.

IMPORTANT INFORMATION:

- Be sure to add at least one primary beneficiary. Contingent beneficiaries are optional.
- You can have multiple primary beneficiaries and multiple contingent beneficiaries, but a beneficiary cannot be a primary and a contingent simultaneously.
 - o **Primary Beneficiary:** The person or persons, you designate and is first in line to receive the death benefit from your group life insurance policy.
 - O Contingent Beneficiary: An alternate beneficiary designated to receive insurance proceeds if there is no primary living at the date of the insured/s death. Benefits are payable to a contingent Beneficiary only if you are not survived by one or more primary Beneficiaries. If you do not list a contingent beneficiary, the death benefit will be paid out in equal shares to the first surviving class in the following order: your spouse, your children, your parents, your brother and sisters, then your estate.
- Designation amounts must add up to 100% for each class (primary or contingent).
 - o For example: Primary Joe Q. Doe, 60%; Jane Q. Doe, 40% Contingent – John D. Smith, 60%, Joan D. Smith, 40%.
- If a minor (a person not of legal age) or your estate is the Beneficiary, it may be necessary to have a guardian, or a legal representative appointed by the court before any death benefit can be paid. If the Beneficiary is a trust or trustee, the written trust must be identified in the Beneficiary designation. For example, "Dorothy Q. Smith, Trustee under the trust agreement dated _______." The benefit may be put in an interest-bearing account maintained by The Standard until the child turns the age of majority.
 - Legal Age: The age of 18 at which a person takes on the rights and responsibilities of an adult.
 - O **Guardian:** One who has, or is entitled to, the custody of the person or property of an infant, a minor without living parents, or a person incapable of managing his own affairs.
- It is recommended to review your beneficiaries regularly (every year or two) to be sure that the designation is consistent with your wishes. Employees should also review their designations following life changes events like divorce, or the death of a spouse, to ensure that the designation is still appropriate.
- You may identify your Estate as the primary beneficiary. Please include the name and contact information for the personal representative of your Estate.
- Pets cannot be named as beneficiaries.

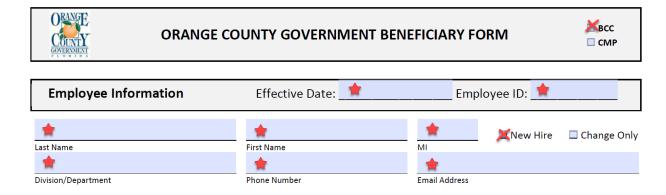
SUBMISSION PROCESS:

- **Download/Save this form to your computer.** Save as "EEID_Last Name_Beneficiary Form".
- Complete each section of the form in its entirety. Incomplete forms will be sent back for corrections.
- Submit your completed form to the <u>secure Box.com folder</u> on or before your start date.
- Refer to our Upload Documentation webpage for additional information.

HOW TO COMPLETE THE FORM:

In the Employee Information section, please mark off BCC at the top then enter the following:

- Effective Date: Today's Date (Day you submitted form)
- Employee ID number
- Full name as it appears on your Social Security Card (Last, First, Middle initial)
- Check off New Hire
- Division/Department
- Personal Phone Number
- Personal Email Address



In the **Beneficiary Designation** section, enter the following (all fields are required):

- Check off Relationship (if you check other, you must provide details ie. fiancé, cousin, friend, etc
- Add beneficiary full Name & date of birth
- Add beneficiary address & phone number
- Add beneficiary **gender** (male or female)
- Add applicable **percentages** in primary and/or contingent column.
- Check off additional form at the bottom if you need additional space and plan to submit more than one form.

• Don't forget to insert your **signature or sign your name** and **date** the bottom of the form.

Relationship	Beneficiary Information	Address/Pho	ne	Gender	Primary	Contingent
Spouse Child Sibling Parent Other	Full Legal Name	Resides with Employee Address: Phone (required):		□ Male □ Female	% Whole Numbers Only	% Whole Numbers Only
Spouse Child Sibling Parent Other	Full Legal Name	Resides with Em		☐ Male ☐ Female	% Whole Numbers Only	% Whole Numbers Only
		☐ Additional form(s) attached			Must equal 100%	Must equal 100%
- 🛊		*	-			
Employee Signature	Date HR Representative		ignature	Dat	e	
			HR Reviewer Signati	Reviewer Signature Da		e



NEED HELP?

- If you need help completing this form, please reach out to Benefits@ocfl.net or call 407-836-5661
- If you have questions about life insurance or beneficiaries, please contact our onsite representative with The Standard. Our representative can be reached at OCLifeAndDisability@standard.com or via 689.688.4282