

# Voluntary Life Insurance

## DESIGNATION OF BENEFICIARY FORM

Note to Human Resources: Please retain a copy of this form in your personnel files; it does not need to be sent to Guardian unless or until a claim is filed.

Group Name: **County of Summit / Guardian**

Account Number: **00576937**

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Employee Last Name: First Middle Initial

Employee Social Security Number: 

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Employee Birth Date:           /          /            
*Mo.* *Day* *Year*

Male      Female      (circle one)                  Single      Married      (circle one)

Primary Beneficiary	<i>Address</i>	<i>Relationship to you</i>	%
Primary Beneficiary	<i>Address</i>	<i>Relationship to you</i>	%
Primary Beneficiary	<i>Address</i>	<i>Relationship to you</i>	%
Secondary Beneficiary	<i>Address</i>	<i>Relationship to you</i>	%
Secondary Beneficiary	<i>Address</i>	<i>Relationship to you</i>	%
Secondary Beneficiary	<i>Address</i>	<i>Relationship to you</i>	%
Tertiary Beneficiary	<i>Address</i>	<i>Relationship to you</i>	%
Tertiary Beneficiary	<i>Address</i>	<i>Relationship to you</i>	%

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Signature of the Insured Date