

**BELLEFONTE AREA SCHOOL DISTRICT
BENEFICIARY DESIGNATION FORM
LIFE AND AD&D COVERAGES**

Employee Name: _____ (please print)
SSN: _____
Position: _____

PRIMARY BENEFICIARY INFORMATION:

Name: _____
Date of Birth: _____
SSN: _____
Relationship: _____
Sex: _____
Percent: _____

Name: _____
Date of Birth: _____
SSN: _____
Relationship: _____
Sex: _____
Percent: _____

Name: _____
Date of Birth: _____
SSN: _____
Relationship: _____
Sex: _____
Percent: _____

Name: _____
Date of Birth: _____
SSN: _____
Relationship: _____
Sex: _____
Percent: _____

CONTINGENT AND/OR GUARDIAN BENEFICIARY INFORMATION:

Name: _____
Date of Birth: _____
SSN: _____
Relationship: _____
Sex: _____
Percent: _____

Name: _____
Date of Birth: _____
SSN: _____
Relationship: _____
Sex: _____
Percent: _____

Name: _____
Date of Birth: _____
SSN: _____
Relationship: _____
Sex: _____
Percent: _____

Name: _____
Date of Birth: _____
SSN: _____
Relationship: _____
Sex: _____
Percent: _____

Signed: _____ Date: _____
Employee Signature