



Spring Branch Independent School District

Employee Benefits

Life Insurance Beneficiary Designation

Spring Branch ISD Benefits Department | 713.464.1511

EMPLOYEE INFORMATION

Last Name _____ First Name _____ MI _____

Employee ID # _____ Birth Date _____

BENEFICIARY INFORMATION FOR LIFE INSURANCE

This designation will apply to your Life with Accidental Death & Dismemberment insurance coverage which is available to you through Spring Branch ISD. Benefits are payable to a contingent beneficiary only if you are not survived by one or more primary beneficiaries. Spouse and dependent life insurance, if any, is payable to you. The amounts in the "% of Benefit" box should add up to 100% for each class (primary or contingent).

PRIMARY

Full Name _____	Date of Birth _____	Relationship _____	% of Benefit _____
Full Name _____	Date of Birth _____	Relationship _____	% of Benefit _____
Full Name _____	Date of Birth _____	Relationship _____	% of Benefit _____
Full Name _____	Date of Birth _____	Relationship _____	% of Benefit _____

CONTINGENT

Full Name _____	Date of Birth _____	Relationship _____	% of Benefit _____
Full Name _____	Date of Birth _____	Relationship _____	% of Benefit _____
Full Name _____	Date of Birth _____	Relationship _____	% of Benefit _____
Full Name _____	Date of Birth _____	Relationship _____	% of Benefit _____

Signature _____

Date _____

Please complete and return this form to the following address:

SBISD Benefits Department
 955 Campbell Road
 Houston, TX 77024
 fax: 713.251.2335