



**Benefits and Leave Administration**  
**Life Insurance – Basic and Supplemental**  
**DESIGNATION OF BENEFICIARY(IES)**

Employee Name \_\_\_\_\_ Employee ID \_\_\_\_\_

I, the undersigned, do hereby designate as my BENEFICIARY(IES) the following person(s), as shown on this form in the order of Primary then Secondary. I hereby direct and authorize the Gwinnett County Board of Education to pay in the event of my death, the appropriate percentages to the designated beneficiary(ies).

The total percentages indicated for all beneficiaries must equal 100%. If no percentages are indicated, any benefits will be divided equally.

**DESIGNATION OF PRIMARY BENEFICIARY(IES)**  
 In the event of my death, distribute my life insurance as indicated below.

Name	Date of Birth	Relationship	Percentage
<b>Total Percentage</b>			<b>(must equal 100%)</b>

**DESIGNATION OF SECONDARY BENEFICIARY(IES)**  
 In the event of my death and the primary beneficiary(ies) above, distribute my life insurance as indicated below.

Name	Date of Birth	Relationship	Percentage
<b>Total Percentage</b>			<b>(must equal 100%)</b>

I reserve the right to change the beneficiaries designated on this form at any time. If no designated beneficiary named on this form survives me, I hereby direct and authorize the Gwinnett County Board of Education to pay to my estate my accumulated contributions and interest.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Completed forms should be sent to [benefits@gcpsk12.org](mailto:benefits@gcpsk12.org) or via fax to 678.301.6111