Washoe County School District

P.O. Box 30425, Reno, NV 89520
Phone: 775-348-0343 Fax: 775-348-0280

GROUP LIFE INSURANCE ENROLLMENT/BENEFICIARY DESIGNATION

In accordance with the conditions of the Group Policy listed above, I hereby revoke any previous designations of primary beneficiary(ies) and contingent beneficiary(ies), if any, and designate the following in the event of my death:

EMPLOYEE INFORMATION:

Name: _____ DOB: _____

Address: _____ Hire date: _____ Sex: M ☐ F ☐

City: _____ State: ZIP: _____ Social Security #: _____

Primary Beneficiary Designation

Last Name, First Name	Relationship	Date of Birth	Address (Street, City, State, Zip)	Phone #	Share %
				Total:	**100%**

Payment will be made in equal shares or all to the survivor unless otherwise indicated.

In the event said primary beneficiary(ies) predecease(s) the insured, I designate as contingent beneficiary(ies):

Contingent Beneficiary Designation

Last Name, First Name	Relationship	Date of Birth	Address (Street, City, State, Zip)	Phone #	Share %
				Total:	**100%**

Payment will be made in equal shares or all to the survivor unless otherwise indicated.

If no beneficiary or contingent beneficiary designated shall be living following the insured's death, the amount payable by reason of the insured's death shall be payable as provided in the Group Life Insurance Policy.

_____ _____

Signature of Insured Date

Submit Completed Form to Employer and Retain Copy for Your Records