BEREA CITY SCHOOL DISTRICT **Group# 05956095**

USE INK – DO NOT USE WHITEOUT OR MAKE CORRECTIONS ON THIS FORM.

BENEFICIARY DESIGNATION FOR EMPLOYEE INSURANCE

The Employee signing below names the following person(s) as primary or contingent beneficiary(ies) for any MetLife payment upon his or her death. Unless designated otherwise, payments will be made in equal shares or all to the survivor. An insured may name a minor child as the beneficiary to the Group Life proceeds. However, since minor children are judged to be incompetent by law, MetLife generally cannot distribute the proceeds to the minor directly. The proceeds may be released to the person in his/her capacity as guardian. The Employee understands that he or she has the right to change this designation at any time.

****PRIMARY BENEFICIARY AND CONTINGENT BENEFICIARY MUST BOTH BE COMPLETED****

***Primary* Beneficiary Full Name (PAYMENT UPON MY DEATH) (Last/First/Middle Initial)**	**Relationship**	**Date of Birth (Mo/Day/Yr)**	**Address (Street/City/State/Zip)**	**Share =100%**
***Contingent* Beneficiary Full Name (IF PRIMARY IS ALSO DECEASED) (Last/First/Middle Initial)**	**Relationship**	**Date of Birth (Mo/Day/Yr)**	**Address (Street/City/State/Zip)**	**Share =100%**

Signature(s): The employee must sign in all cases. Each person signing below acknowledges that they have read and understand the statements and declarations made in this enrollment form.

Employee Signature

Date (Mo/Day/Yr)

PRINT Employee Name