

**Life Insurance
Beneficiary Designation Form - continued**

THE EMPLOYER **MUST** KEEP THIS FORM ON FILE.

BENEFICIARY DESIGNATIONS

DEFINITIONS:

The purpose of designating beneficiaries for this policy is to instruct Anthem Life Insurance Company (Anthem Life) exactly how you wish the proceeds of your policy/certificate to be paid upon your death. Therefore, please take a moment to read the examples below:

PRIMARY BENEFICIARY:

Person or persons to receive the Life Insurance proceeds upon the death of the Insured. If multiple Primary Beneficiaries are listed, death benefits are divided equally among all the living Primary Beneficiaries, unless otherwise stated.

CONTINGENT BENEFICIARY:

Person or persons to receive the Life Insurance proceeds when the Primary Beneficiary(ies) dies before the Insured. If multiple Contingent Beneficiaries are listed, death benefits are divided equally among all the living Contingent Beneficiaries, unless otherwise stated.

EXAMPLES OF CORRECT BENEFICIARY DESIGNATIONS:

Joe and Jane Smith – Father and Mother

George Jones – Friend

William E. Brown – Spouse

Donald C. White, Jane E. Smith, and Richard E. Beck – Children

If you choose the estate or a trust as beneficiary, see the following example beneficiary designation:

Insured's Estate: John Q. Smith – trustee under the Mary R. Smith Trust dated 01/02/2006.

Full given names of each beneficiary must be clearly stated.

NOTE: INSUREDS OF GROUP INSURANCE MAY *NOT* DESIGNATE THEIR EMPLOYER AS BENEFICIARY. Employees should make a copy to keep for their personal record. Employers need to keep original on file. For All Voluntary benefits, a legible copy **must** be sent to Anthem Life.

ADDITIONAL BENEFICIARY(IES)

PRIMARY

Name	Date of birth	Social security no.

Address	Relationship to insured	% to be paid to beneficiary

Name	Date of birth	Social security no.

Address	Relationship to insured	% to be paid to beneficiary

Name	Date of birth	Social security no.

Address	Relationship to insured	% to be paid to beneficiary

CONTINGENT

Name	Date of birth	Social security no.

Address	Relationship to insured	% to be paid to beneficiary

Name	Date of birth	Social security no.

Address	Relationship to insured	% to be paid to beneficiary