

Employee Information

Special District SETA	Last Name	First Name	Social Security Number	Date of Birth
Contact Phone Number	Contact Email Address:			

Beneficiary Designation applies to: Basic Life Insurance/AD&D Insurance provided by County of Sacramento, and any Voluntary Supplemental Life Insurance.

I hereby revoke any previous designations of primary beneficiary(ies) and contingent beneficiary(ies), if any, and in the event of my death, designate the following.

Primary Beneficiaries – please see beneficiary definition section below for explanation. If you have additional primary beneficiaries, please use an additional page

Primary Beneficiary #1	First Name	MI	Last Name	
Contact Telephone Number	Relationship	SSN/Tax ID #(Required)	Date of Birth (Required)	% of Share
Primary Beneficiary #2	First Name	MI	Last Name	
Contact Telephone Number	Relationship	SSN/Tax ID #(Required))	Date of Birth (Required)	% of Share
Primary Beneficiary #3	First Name	MI	Last Name	
Contact Telephone Number	Relationship	SSN/Tax ID #(Required)	Date of Birth (Required)	% of Share
Total: (must equal 100%)				

Contingent Beneficiaries - please see beneficiary definition section below for explanation. If you have additional primary beneficiaries, please use an additional page

Contingent Beneficiary #1	First Name	MI	Last Name	
Contact Telephone Number	Relationship	SSN/Tax ID # (Required)	Date of Birth (Required)	% of Share
Contingent Beneficiary #2	First Name	MI	Last Name	
Contact Telephone Number	Relationship	SSN/Tax ID # (Required)	Date of Birth (Required)	% of Share
Contingent Beneficiary #3	First Name	MI	Last Name	
Contact Telephone Number	Relationship	SSN/Tax ID # (Required)	Date of Birth (Required)	% of Share
Total: (must equal 100%)				

Trust Designation (complete this only if a trust has been named as a beneficiary in Primary or Contingent Sections)

Trustee's Name
 Relationship _____ Contact Phone Number _____
 Add successor(s) in trust, as Trustee(s) under _____ dated _____ as amended and executed by me and said Trustee.
 Title of Agreement _____ Date of Agreement _____

Authorization Signature

I authorize County of Sacramento and/or my Group Contracts Provider(s) to record and consider the individuals/institution that I have named on this form as beneficiaries for benefits under the applicable employee benefit plans. . If you name a Trust, you understand that the County of Sacramento ("County") and the Group Contracts Provider(s) ("Provider") are not responsible for its validity or legality. In making payment to a Trustee(s), the County and the Contracts Provider will assume that the Trustee(s) is acting in a fiduciary capacity until notice to the contrary is received. If payment(s) are made before notice is received, the County or Provider will not make payment(s) again. I acknowledge that insurance benefits may be community property and, if I am married, my spouse should participate in decision of my designated beneficiary(ies) for my insurance plans.

Employee's Signature: _____ Date: _____

The employee must sign and date this form. The signature date must be date the employee actually signed the form. Beneficiary designations are not in effect until the document is received at the Employee Benefits Office.

Important Information about Beneficiary Designations

Definitions

You may find the following definitions helpful in completing this form:

Primary Beneficiary(ies) – the person(s) or entity you choose to receive your life insurance proceeds. Payment will be made in equal shares unless otherwise specified. In the event that a designated primary beneficiary predeceases the insured, the proceeds will be paid to the remaining primary beneficiaries in equal shares or all to the sole remaining beneficiary.

Contingent Beneficiary(ies) – the person(s) or entity you choose to receive your life insurance proceeds if the primary beneficiary(ies) dies or the entity dissolves before you die. Payment will be made in equal shares unless otherwise specified. In the event that a designated contingent beneficiary predeceases the insured, the proceeds will be paid to the remaining contingent beneficiaries in equal shares or all to the sole remaining contingent beneficiary.

Instructions for Designating a Primary or Contingent Beneficiary

1. Employee Information

- All information in this section is required.
- Unless otherwise indicated in Section 1, the information supplied on the form will apply to ALL coverages offered under the employer's group plan in which you are enrolled.

2. Beneficiary Designation

- You may name more than one primary and more than one contingent beneficiary. This form allows you to name up to four primary and four contingent beneficiaries. If you need additional space, please attach a separate sheet of paper.
- **If you are married, your spouse may have a legal interest in this designation of beneficiary.** A beneficiary designation may be subject to challenge if it will result in your spouse receiving less than their proportionate share of the benefit attributable to community property.
- Please indicate the percentage share designated to each primary beneficiary. **The total for all primary beneficiaries must equal 100%.** If no percentages are specified, the proceeds will be split evenly among those named. Payment will be made to the named beneficiary. If there is no named beneficiary, or the named beneficiary predeceases the insured, settlement will be made in accordance with the terms of your Group Contract. **If designating percentages for contingent beneficiaries, the percentage for all contingent beneficiaries must also equal 100%.**
- You can name an individual, corporation/organization, trust, or an estate as a beneficiary. The following examples may be helpful in designating beneficiaries.

Individual: "Mary A. Doe"

- Each name should be listed as first name, middle initial, last name ("Mary A. Doe," not Mrs. M. Doe").
- Include the address, relationship, and social security number for each individual listed.
- Indicate the percentage to be assigned to each individual.

If you name a minor child under the age of 18, the insurer will have to ask a court to appoint a guardian to receive the benefits. Instead, you may name a custodian for the minor child but you must include the following language in the relationship field "As Custodian for [name of child] under the California Uniform Transfers to Minors Act."

Estate: "Estate of the Insured"

- Select "other" as the beneficiary description and write "Estate" in the blank space provided.
- Indicate the percentage to be assigned to the Estate of the Insured.

Corporation/Organization: "ABC Charitable Organization"

- Select "Corporation/Organization" as the beneficiary description.
- Provide the legal name of the corporation or organization in the space for the beneficiary first name.
- Provide the address, city, and state of operation for each organization or corporation listed, and the entity's taxpayer identification number.
- Indicate the percentage to be assigned to the corporation or organization.

Trust Designation: "The John Doe Trust. A Trust with a Trust Agreement dated XX/XX/XX whose Trustee is Jane Smith."

- Select "Trust" as the beneficiary description.
- Provide the legal name of the trust in the space for the beneficiary first name.
- Provide the trust's taxpayer identification number.
- Indicate the percent to be assigned to the trust.
- Complete Trust Designation Section.

3. Trust Designation

- Complete this section if you have named a trust as a primary or contingent beneficiary. Fill in the name and address for each trustee.
- Fill in the title and date of the Trust Agreement in the space provided.

4. Authorization/Signature

- The employee must read, sign, and date the authorization.
- Submit the completed form to the SETA HUMAN RESOURCES DEPARTMENT, via fax at 916-588-9176 or email at: Personnel@seta.net, and print/keep a copy for your records.