



46 State House Station
 Augusta, ME 04333-0046
 Telephone: (207) 512-3100
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DESIGNATION OF BENEFICIARY GROUP LIFE INSURANCE

Please see *Instructions* for important information regarding your designation. Retain a copy for your records.

EMPLOYEE

Social Security Number:	<input style="width: 95%;" type="text"/>	Gender:	<input type="checkbox"/> M	<input type="checkbox"/> F	Date of Birth:	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
						Month	Day	Year
Name:	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
	First	Middle	Last	Suffix				
Mailing Address:	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
	Street or Box Number	City/Town	State	ZIP Code				

DESIGNATION OF BENEFICIARY - PRIMARY

Name(s) of Primary Beneficiary(ies):	Social Security Number (required):	Date of Birth (required):	Relationship (required):	% to Receive (must total 100%):

DESIGNATION OF BENEFICIARY - CONTINGENT

Name(s) of Primary Beneficiary(ies):	Social Security Number (required):	Date of Birth (required):	Relationship (required):	% to Receive (must total 100%):

Note: Contingent beneficiaries will be paid only if primary beneficiaries pre-decease you.

I hereby designate the beneficiary(ies) named above, if they survive me, to receive any amount of Group Life Insurance and Group Accidental Death Insurance payable at my death. This designation invalidates all previous Designations of Beneficiary and applies to all MainePERS Group Life Insurance Program policies issued to me. This designation will remain in effect until cancelled by me in writing on an appropriate form filed with the MainePERS.

EMPLOYEE SIGNATURE

DATE

Use this form to designate or change your beneficiary(ies) under the Group Life Insurance Program administered by the Maine Public Employees Retirement System (MainePERS).

This form does not pertain to MainePERS pre-retirement death benefits. You must change your beneficiary(ies) for your MainePERS pre-retirement death benefits separately by completing the form *Designation of Beneficiary Pre-Retirement Death Benefits* (Form#: CL-0722).

INSTRUCTIONS

THE DESIGNATION OF BENEFICIARY GROUP LIFE INSURANCE FORM

1. The Primary Beneficiary(ies) you name, if living, will receive your insurance benefit at the time of your death. If the Primary Beneficiary(ies) are deceased at the time of your death, the Contingent Beneficiary(ies) you name will receive the benefit.
2. The Employee Signature and Date must be completed for this form to be legally binding.
3. If more than one beneficiary is to share the proceeds, payment will be made in equal shares unless you specify otherwise on this form (in the "Percentage to Receive" space). Specify different shares by fractions or percentages rather than dollar amounts.
4. If you wish money to go to an organization, designate your Estate as your beneficiary and outline your wishes in your will.
5. When a beneficiary is not related, state the relationship as "non-relative."
6. If you need more room, attach additional sheets, specify the type(s) of beneficiary(ies) you are naming, and include all requested information. Each additional sheet must be signed and dated to be legally binding.
7. Your Designation of Beneficiary form will be invalid to you if:
 - you do not sign and date the form
 - the form has been altered or is not legible
 - the form references another document or contains "and/or" or "or" in the designation
 - the designation lists only the first names of the beneficiaries
8. You have the right to change your beneficiary designation(s) at any time, without the consent of any person, by filing a new Designation of Beneficiary form. At your death, your life insurance benefit will go to the beneficiary(ies) named on your most recent Designation of Beneficiary form if the signed and dated form was postmarked before your death.
9. If completing Application for Coverage and Beneficiary form, return completed forms to your Employer.

If completing Beneficiary form only, mail the completed form to:

Maine Public Employees Retirement System
Attn: Survivor Services
46 State House Station
Augusta, ME 04333