

## DESIGNATION OF BENEFICIARY GROUP LIFE INSURANCE

**The *Instructions* on the next page provide information you must understand regarding your designation. Please retain a copy for your records.**

### MEMBER

Social Security Number:			Date of Birth:	<div>Month</div> <div>Day</div> <div>Year</div>	
Home E-mail Address:			Home Phone:		
Name:	<div>First</div>	<div>Middle</div>	<div>Last</div>	<div>Suffix</div>	
Mailing Address:	<div>Street or Box Number</div>		<div>City/Town</div>	<div>State</div>	<div>ZIP Code</div>

### DESIGNATION OF BENEFICIARY - PRIMARY

Names (first & last) of Primary Beneficiaries:	Social Security Number (required):	Date of Birth (required):	Relationship (required):	% to Receive (must total 100%):

### DESIGNATION OF BENEFICIARY - CONTINGENT

Names (first & last) of Contingent Beneficiaries:	Social Security Number (required):	Date of Birth (required):	Relationship (required):	% to Receive (must total 100%):

**Note: A contingent beneficiary will be paid only if primary beneficiaries pre-decease you.**

By signing below, I revoke any previous beneficiary designations, and I designate the person, people, or entity named above as beneficiaries of my group life insurance benefits.

MEMBER SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

## FORM INSTRUCTIONS

### INSURANCE BENEFICIARY DESIGNATION FOR GROUP LIFE INSURANCE BENEFITS

This Insurance Beneficiary Designation form allows you to name or change your beneficiaries under the Group Life Insurance program administered by the Maine Public Employees Retirement System (MainePERS). It does not affect beneficiaries who will be paid if you have earned other MainePERS administered benefits. A separate form must be filed for that purpose.

1. All fields in the MEMBER section must be completed. If you do not have a personal email address or telephone, please write "none" in those fields.
2. Any Primary beneficiaries you name, if living, will be paid the life insurance benefits due at the time of your death. If the Primary beneficiaries are deceased at the time of your death, the Contingent beneficiaries you name will receive the benefits due.
3. If you name a minor as a Primary or Contingent beneficiary, you may complete and submit to MainePERS a Maine Uniform Transfers to Minors Act (UTMA) designation. This will name a custodian or guardian for any payment that your beneficiary will receive if they are under 18 at the time of your death. Please do not name a custodian or guardian as the beneficiary on this MainePERS form. If you do not have a UTMA designation on file with MainePERS and the applicable group life insurance proceeds are greater than \$18,000 (or the current applicable IRS annual gift tax exclusion amount), we are required by law to request a court order appointing a custodian for any payment they will receive.
4. If you name a trust as a beneficiary, please include the following information on the beneficiary designation form: the full name of the trust as it shows on the trust document; the date the trust was created; and the name and contact information for the trustee.
5. If you name your estate as the Primary beneficiary, do not name a Contingent beneficiary. Any payment in this situation will be remitted to the personal representative or executor of your estate for distribution to your beneficiaries.
6. If you name a charitable foundation, civic, religious, educational or health-related organization as beneficiary, please provide the organization's full name and address on this Insurance Beneficiary Designation form.
7. When you name more than one beneficiary in either the PRIMARY or CONTINGENT section, payment will be made in equal shares unless you specify otherwise in the "Percentage to Receive" column. You must specify their different shares by fractions or percentages that total 100% (do not include dollar amounts).
8. When a beneficiary is not legally related to you, please identify the relationship as "non-relative."
9. If you need more room because of the number of beneficiaries being named, attach additional sheets that specify the types of beneficiaries you are naming, and include all requested information. Please sign and date each additional sheet.
10. Please follow the instructions carefully. If the form is missing information and we are unable to identify you or your intended beneficiaries we may not be able to administer your beneficiary designations or pay benefits as you intended. For example, be sure to:
  - Sign the form (and each additional sheet, if applicable);
  - Include the complete name of any individual beneficiaries (not just first names);
  - Make your distribution clear. Use percentages to indicate your intended distribution and avoid using words like "or", "if" or "and". Make sure your percentages total 100%; and,
  - Fully and clearly complete the member section.
11. You have the right to change whom you name as a beneficiary at any time, without the consent of any person, by filing a new Insurance Beneficiary Designation form. After your death, proceeds from your life insurance coverage will be paid to the beneficiaries named on the most recently completed Insurance Beneficiary Designation form that is on file with MainePERS.
12. To submit the form:

If you are completing both an Application for Coverage and an Insurance Beneficiary Designation form, please return the completed forms to your employer.

If you are only completing the Insurance Beneficiary Designation form, please send the completed form to MainePERS using one of the following methods:

#### Online:

To complete and submit this form online via the MainePERS DocuSign service visit [www.mainebers.org/forms](http://www.mainebers.org/forms) and click on the "Download DocuSign Form GI-0912" option and follow the instructions.

#### Secure Email:

You may also send your form via secure email, by visiting [www.mainebers.org/contact](http://www.mainebers.org/contact) to use our secure email system provided my Mimecast. Do NOT send your personal or sensitive information to MainePERS via standard email.

#### U.S. Mail:

Maine Public Employees Retirement System, Attn: Survivor Services Unit, P.O. Box 349, Augusta, ME 04332-0349