

City of Boston Beneficiary Designation Form

Line of Duty Accidental Death Insurance Gerber Life Insurance Policy BTA-17641

Return completed from to:
Health Benefits Insurance Division
Boston City Hall, Room 807
Boston, MA 02201
Fax: 617-635-3932

New Designation Change

SECTION 1: Employee / Insured Information

Name (First, Middle initial, Last) _____ Social Security Number _____

SECTION 2: Primary Beneficiary (ies)

I designate the person (s) named below as my primary beneficiary (ies) to receive payment under the policy in the event of my death. The share of any primary beneficiary who is no longer living or is otherwise disqualified by law at the time of my death, will pass to any remaining beneficiary (ies) in equal shares.

1. _____ %
Name _____ Date of Birth _____ Gender _____ Address 1 _____
Social Security Number _____ Phone Number _____ Relationship _____ Address 2 _____
2. _____ %
Name _____ Date of Birth _____ Gender _____ Address 1 _____
Social Security Number _____ Phone Number _____ Relationship _____ Address 2 _____
3. _____ %
Name _____ Date of Birth _____ Gender _____ Address 1 _____
Social Security Number _____ Phone Number _____ Relationship _____ Address 2 _____

SECTION 3: Contingent Beneficiary (ies)

I designate the person (s) named below as my contingent beneficiary (ies) to receive payment only if all primary beneficiary (ies) predecease me or are otherwise disqualified by law.

1. _____ %
Name _____ Date of Birth _____ Gender _____ Address 1 _____
Social Security Number _____ Phone Number _____ Relationship _____ Address 2 _____
2. _____ %
Name _____ Date of Birth _____ Gender _____ Address 1 _____
Social Security Number _____ Phone Number _____ Relationship _____ Address 2 _____
3. _____ %
Name _____ Date of Birth _____ Gender _____ Address 1 _____
Social Security Number _____ Phone Number _____ Relationship _____ Address 2 _____

SECTION 4: Authorization and Signature

By signing and dating this document, I understand and agree to the following: This beneficiary designation revokes all prior designations. This beneficiary designation form will apply to my Gerber Life Insurance plan established in connection with my employer's plan. If more than one primary beneficiary is named and no percentages are indicated, payment will be made in equal shares to my primary beneficiary (ies) who survive (s) me or if the percentages listed do not add up to 100%. Gerber Life Insurance Company will disburse the benefit pursuant to its discretion and/or pursuant to the above policy provisions if applicable.

Insured Signature

Date

Insured's Spouse Signature*

Date

*If this beneficiary designation is someone other than the spouse of the insured, the spouse must join in the execution of this beneficiary designation if the insured resides in a community property state.