

*Check all box(es) and complete all sections that apply. Return completed form to your Human Resources Department.*

<b>MEMBER INFORMATION</b>	<b>Status</b> <input type="checkbox"/> New Hire <input type="checkbox"/> Rehire/Reinstatement <input type="checkbox"/> Current Employee					<b>Action</b> <input type="checkbox"/> Beneficiary Designation <input type="checkbox"/> Date of Beneficiary Change _____ <input type="checkbox"/> Beneficiary Change <input type="checkbox"/> Other _____				
	Group Name <b>City of Riverside</b>			Group Number <b>641996</b>			Division ID			
	Your Name (Last, First, Middle)			If Name Change, What Was Your Former Name?			Soc. Sec. No.			
	Your Address			City			State		ZIP	
	Date Of Birth		<input type="checkbox"/> Male <input type="checkbox"/> Female		Earnings \$		Per: <input type="checkbox"/> Hour <input type="checkbox"/> Wk <input type="checkbox"/> Mo <input type="checkbox"/> Yr			
	Date Of Hire		Hours Worked Per Week		Job Title/Occupation					
<b>COVERAGE SECTION</b>	<p><i>Check with your Human Resources Department about Basic Life and Additional Life coverage options, Dependent eligibility, and Evidence Of Insurability requirements.</i></p> <p>1. <b>Basic Life – Employee Only (automatic enrollment)</b>                  Basic Life - Employer Paid (Class 5-9 only)                  Basic Life with AD&amp;D - Employer Paid (Class 1-4 only)</p> <p>2. <b>Additional Life - Optional</b>                  Apply for Additional Life Insurance for employee and eligible dependents online at <a href="http://www.standard.com/enroll/">http://www.standard.com/enroll/</a></p>									
	<p><i>This designation applies to Coverage Section 1 coverage above. Unless specified otherwise on a separate sheet of paper, this Designation will also apply to Coverage Section 2 coverage above. Designations are not valid unless signed, dated, and delivered to the Employer during your lifetime. See page 2 for further beneficiary information.</i></p>									
<b>BENEFICIARY</b>	Primary – Full Name				Address		Soc. Sec. No.		Relationship	% of Benefit
	Contingent – Full Name				Address		Soc. Sec. No.		Relationship	% of Benefit
<b>SIGNATURE</b>	Member Signature Required						Date (Mo/Day/Yr)			

## Beneficiary Information

- Your designation revokes all prior designations.
- Benefits are only payable to a contingent Beneficiary if you are not survived by one or more primary Beneficiary(ies).
- If you name two or more Beneficiaries in a class:
  1. Two or more surviving Beneficiaries will share equally, unless you provide for unequal shares.
  2. If you provide for unequal shares in a class, and two or more Beneficiaries in that class survive, we will pay each surviving Beneficiary his or her designated share. Unless you provide otherwise, we will then pay the share(s) otherwise due to any deceased Beneficiary(ies) to the surviving Beneficiaries pro rata based on the relationship that the designated percentage or fractional share of each surviving Beneficiary bears to the total shares of all surviving Beneficiaries.
  3. If only one Beneficiary in a class survives, we will pay the total death benefits to that Beneficiary.
- Dependents Insurance, if any, is payable to you, if living, or as provided under your Employer's coverage under the Group Policy.
- If a minor (a person not of legal age), or your estate, is the Beneficiary, it may be necessary to have a guardian or a legal representative appointed by the court before any death benefit can be paid. If the Beneficiary is a trust or trustee, the written trust must be identified in the Beneficiary designation. For example, "Dorothy Q. Smith, Trustee under the trust agreement dated \_\_\_\_\_."
- A power of attorney must grant specific authority, by the terms of the document or applicable law, to make or change a Beneficiary designation. If you have any questions, consult your legal advisor.