



Lincoln Beneficiary Designation

For County-Provided Life and Voluntary Life Insurance

Employee Information

Name:	SSN:	DOB:	Gender:
Email:		Phone:	
Address:		ZIP:	
City:	State:	Date of Hire:	Hrs Worked:

Primary Beneficiary Designation

Full Name	Relationship	DOB	Phone No.	% of Benefit (Total Must Equal 100%)
				%
				%
				%
				%
				%

Contingent Beneficiary Designation

Full Name	Relationship	DOB	Phone No.	% of Benefit (Total Must Equal 100%)
				%
				%
				%
				%
				%

Important Notes & Acknowledgement

- 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:
 - Two or more surviving Beneficiaries will share equally, unless you provide for unequal shares.
 - 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.
 - If only one Beneficiary in a class survives, we will pay the total death benefits to that Beneficiary.
- If a minor (a person not of legal age), or your estate, is the Beneficiary, it may be necessary to have a guardian or 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.
- 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 questions, consult your legal advisor.
- Dependents Insurance, if any, is payable to you, if living, or as provided under your Employer’s coverage under the Group Policy.

By signing this document, I certify that I wish to make the choices indicated on this form.

Employee Signature	Date:
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