



# ORANGE UNIFIED SCHOOL DISTRICT

Education Center • Risk Management

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www.orangeusd.org

## LINCOLN FINANCIAL LIFE INSURANCE PLAN BENEFICIARY DESIGNATION

PRIMARY LIFE INSURANCE BENEFICIARY(IES): (For additional Beneficiaries, attach a list)			Percentage*
NAME:	RELATIONSHIP:	SOCIAL SECURITY #:	%
FULL ADDRESS:		DATE OF BIRTH:	
NAME:	RELATIONSHIP:	SOCIAL SECURITY #:	%
FULL ADDRESS:		DATE OF BIRTH:	
NAME:	RELATIONSHIP:	SOCIAL SECURITY #:	%
FULL ADDRESS:		DATE OF BIRTH:	
NAME:	RELATIONSHIP:	SOCIAL SECURITY #:	%
FULL ADDRESS:		DATE OF BIRTH:	
<b>CONTINGENT LIFE INSURANCE BENEFICIARY(IES):</b> Applicable only if you are not survived by one or more primary beneficiaries.			%
NAME:	RELATIONSHIP:	SOCIAL SECURITY #:	
FULL ADDRESS:		DATE OF BIRTH:	
NAME:	RELATIONSHIP:	SOCIAL SECURITY #:	%
FULL ADDRESS:		DATE OF BIRTH:	
NAME:	RELATIONSHIP:	SOCIAL SECURITY #:	%
FULL ADDRESS:		DATE OF BIRTH:	
NAME:	RELATIONSHIP:	SOCIAL SECURITY #:	%
FULL ADDRESS:		DATE OF BIRTH:	
<p>I elect to enroll in (or change) the health plan outlined herein and authorize deductions to be made from my salary to cover my share of the cost of enrollment as it is now or as it may be in the future. I understand that if my coverage lapses for any reason, insurance will not be effective again until I apply for insurance in accordance with the terms of the group policy. This beneficiary designation revokes all prior beneficiary designations. Unless you indicate otherwise, if any beneficiary predeceases you, that beneficiary's share will be divided pro-rata among the surviving beneficiaries of the same class-primary or contingent. If no beneficiary survives you, primary or contingent, payment will be made pursuant to the terms of the application policy. If no percentages are noted, benefits will be divided equally between the same beneficiary class.</p>			
EMPLOYEE SIGNATURE: _____			DATE: _____