

SAN DIEGO UNIFIED SCHOOL DISTRICT
Life and Accidental Death Beneficiary Designation Form
(Please read the instructions on reverse side prior to completing this form)

Certificated
Classified
Management

Please type or print clearly using a ballpoint pen.

EMPLOYEE NAME	Last	First	Middle	SOCIAL SECURITY NO. / /
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Indicate below the life insurance plans in which you are enrolled and to which this Beneficiary Designation is applicable.

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | District-paid Employee Basic Life/Accidental Death Insurance. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Voluntary Employee & Dependent Life Insurance. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Voluntary Employee & Dependent Accidental Death Insurance. |

Unless otherwise stated, if two or more primary beneficiaries are named, the benefits will be paid in equal shares to the surviving primary beneficiaries. If there is no surviving primary beneficiary, benefits will be paid in equal shares to the contingent beneficiaries. If no contingent beneficiary is named or if there is no surviving contingent beneficiary, benefits will be paid according to the Order of Payments listed in the instructions.

BENEFICIARY NAME	DATE OF BIRTH	RELATIONSHIP TO INSURED	PERCENT OF BENEFIT
EMPLOYEE LIFE/ACCIDENTAL DEATH INSURANCE			
PRIMARY BENEFICIARY			
CONTINGENT BENEFICIARY			
SPOUSE LIFE/ACCIDENTAL DEATH INSURANCE			
PRIMARY BENEFICIARY			
CONTINGENT BENEFICIARY			

By this Beneficiary Designation, I hereby revoke any previous designation for the insurance plans selected above. I authorize SAN DIEGO UNIFIED SCHOOL DISTRICT to release information necessary to disburse the benefits payable. The right to change the beneficiary here designated is reserved without the consent of the beneficiary(ies).

Employee Signature	Date	Spouse Signature	Date
Witness (not beneficiary)	Date	Witness (not beneficiary)	Date

IMMEDIATELY RETURN THE ORIGINAL OF THE COMPLETED FORM TO THE HUMAN RESOURCE SERVICES DIVISION, EDUCATION CENTER, ROOM 1241, PERSONNEL FILES. RETAIN THE COPY FOR YOUR RECORDS.

SAN DIEGO UNIFIED SCHOOL DISTRICT
Group Life Insurance

BENEFICIARY DESIGNATION

Information and Instructions

A. Order of Benefits Payments

1. Unless a beneficiary designation has been filed to the contrary, death benefits of SAN DIEGO UNIFIED SCHOOL DISTRICT Life and Accidental Death Insurance Plans, in which an employee and spouse (if applicable) are enrolled, are payable to the first surviving person or persons in the following order:

Employee Death Benefits

1. The employee's legal spouse; otherwise
2. the employee's children, in equal shares; otherwise
3. the employee's parents, in equal shares; otherwise
4. the employee's brothers and sisters in equal shares; otherwise
5. the employee's estate.

Death Benefits of the Covered Spouse of an Employee

1. The employee; otherwise
2. the spouse's children, in equal shares; otherwise
3. the spouse's parents, in equal shares; otherwise
4. the spouse's brothers and sisters in equal shares; otherwise
5. the spouse's estate.

2. Death Benefits of an employee's covered children will be paid to the employee.
3. Beneficiary Designations for SAN DIEGO UNIFIED SCHOOL DISTRICT Life and Accidental Death Insurance plans remain in force until revoked or changed in writing.

B. Instructions

1. Always use the full legal name, i.e., Mary Williams Smith, not Mrs. Thomas Smith. An employee must have their spouse sign the form if the employee is married.
2. If benefits are to be payable to a minor child, the payment will generally be delayed until a court-appointed guardian has been designated for any benefits.
3. If a trust is designated as beneficiary, you must provide the name of the trust, the date of the trust, and the name and address of the person/trustee with whom the trust is on file.