

MOHAVE COUNTY BASIC LIFE CHANGE FORM STANDARD LIFE INSURANCE COMPANY

ADDRESS CHANGE

NAME CHANGE

BENEFICIARY CHANGE

DATE OF HIRE	NAME				SOCIAL SECURITY #
MAILING ADDRESS			CITY	STATE	ZIP
HOME PHONE					
DATE OF BIRTH	MARITAL STATUS	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	WORK PHONE	DEPARTMENT	

PRIMARY BENEFICIARY INFORMATION

LAST NAME	FIRST NAME	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	BENEFIT %	RELATIONSHIP	PHONE NUMBER
DATE OF BIRTH	SOCIAL SECURITY #	ADDRESS	CITY	STATE	ZIP
LAST NAME	FIRST NAME	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	BENEFIT %	RELATIONSHIP	PHONE NUMBER
DATE OF BIRTH	SOCIAL SECURITY #	ADDRESS	CITY	STATE	ZIP

CONTINGENT BENEFICIARY INFORMATION

LAST NAME	FIRST NAME	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	BENEFIT %	RELATIONSHIP	PHONE NUMBER
DATE OF BIRTH	SOCIAL SECURITY #	ADDRESS	CITY	STATE	ZIP
LAST NAME	FIRST NAME	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	BENEFIT %	RELATIONSHIP	PHONE NUMBER
DATE OF BIRTH	SOCIAL SECURITY #	ADDRESS	CITY	STATE	ZIIP

If two or more primary beneficiaries are named and you do not list benefit percentages, proceeds will be paid in equal shares to the named primary beneficiary(ies) who survives you. If no primary beneficiary (ies) survives you, proceeds will be paid to the contingent beneficiary(ies). If you list benefit percentages the total must equal 100%.

Employee signature

Effective Date