



## INSTRUCTIONS (PLEASE PRINT, SIGN AND DATE THIS FORM IN BLACK INK)

Employee/Retired Employee Name	SSN	Date of Birth	Home Telephone Number
Home Address	City	State	Zip
Employer		Group Number	

**Irrevocable Beneficiary:**  Yes  No

**Note:** If you select irrevocable beneficiary, you may not change the beneficiary without the consent of the irrevocable beneficiary. An irrevocable beneficiary has a vested interest in the proceeds of the contract, therefore the contract holder cannot exercise certain rights without the permission of the irrevocable beneficiary.

## DEFINITIONS &amp; STATEMENTS

**Primary Beneficiary** means the person or persons who will receive the benefits in the event of the Insured's death. Proceeds will be divided in equal shares if multiple primary beneficiaries are named, unless otherwise indicated. If percentages are listed, the total of the combination must equal 100%.

**Contingent Beneficiary** means the person or persons who will receive the benefits if the primary beneficiary is not living at the time of the Insured's death.

**Will or Trust as Beneficiary Designation** can be done by using the following written statement: "To [name of trustee], trustee of the [name of trust], under a trust agreement dated [date of trust]." If you wish to designate a testamentary trust as beneficiary (i.e. created by will), you should recognize the possibility that your will which was intended to create a trust may not be admitted to probate (because it is lost, contested or suspended by a later will). Claim payment delays can result if the beneficiary designation does not provide for this situation. \*\*

**Minors as Beneficiary Designation** can be done by using this document. However, please note if your beneficiary is a minor at the time of claim, payments may be delayed due to special issues raised by these designations. \*\*

**Dependent Beneficiary** – In the event a dependent dies, the employee is the beneficiary of their life insurance proceeds.

\*\*You may want to obtain the assistance of an attorney to help consider any special circumstances before drafting your beneficiary designation.

## BENEFICIARY DESIGNATION FOR ALL EMPLOYEE/RETIREE LIFE BENEFITS

Primary Beneficiary	Birth Date	Relationship	Social Security #	Address	%
Contingent Beneficiary	Birth Date	Relationship	Social Security #	Address	%

**WARNING:** Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime and subjects such person to criminal and civil penalties. (Not enforceable in Oregon or Virginia.)

**Employee/Retired Employee Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Important Note For Married Employees:** If you live in a community property state/territory, you should obtain the signature of your spouse if your spouse will not be named as a primary beneficiary. Community property states/territories currently include: AZ, CA, GU, ID, LA, NM, NV, PR, TX, WA and WI. Payment of benefits may be delayed or disputed unless your spouse consents to waive his or her rights to any community property interest in the benefits. We have provided below a "Spousal Consent for Community Property States" for your spouse's signature. **BLUE CROSS AND BLUE SHIELD OF MONTANA WILL NOT BE LIABLE FOR DAMAGES DUE TO ANY DELAY OR DISPUTE IN PAYMENT OF BENEFITS IF YOU CHOOSE NOT TO OBTAIN YOUR SPOUSE'S SIGNATURE.**

**Spousal Consent for Community Property States/Territories:** I hereby consent to the Primary Beneficiary designated by my spouse. This consent supersedes any prior spousal consent I may have given under this plan.

**Spouse Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  **Employee has no legal spouse**