

St. Paul Electrical Workers Health Plan

BENEFICIARY DESIGNATION

If you do not designate a beneficiary, in the event of your death your life benefits will be paid in the following order:

1. *To your spouse or if none;*
2. *To your children in equal shares or if none;*
3. *To your parents in equal shares or if none;*
4. *To your brothers and sisters or if none;*
5. *To your personal representative (executor) or if none;*
6. *To the personal representative of the last to die of the beneficiaries*

If this sequence is acceptable to you, you do not need to complete this form. If the order is unacceptable, please complete this form and return it to the Plan office.

MEMBER:

Print Name _____ Social Security # _____

Signature _____

BENEFICIARY INFORMATION:

You may name individual(s) or an organization to receive your benefits. You may change your beneficiary at any time by filling out a new Beneficiary Designation form. If you name more than one beneficiary, the benefit will be divided equally among them.

Please make payment to my beneficiaries as follows:

PRIMARY

Name _____ Birth Date _____

Social Security # _____ Relationship _____

Address _____

SECONDARY - If Primary is Deceased:

Name _____ Birth Date _____

Social Security # _____ Relationship _____

Address _____

Name _____ Birth Date _____

Social Security # _____ Relationship _____

Address _____

Name _____ Birth Date _____

Social Security # _____ Relationship _____

Address _____