

# Designation of Beneficiary Form

## For Group Insurance Policies



In furnishing this form, The Hartford® does not waive any of its rights or defenses nor admit liability.

**Instructions:** 1) Please print clearly with blue or black ink and provide complete information. (Missing information causes delays.) 2) Please ensure your beneficiary designation is clear so there is no question of your intent. 3) Please sign and date the form. 4) Submit the form as instructed by your benefits administrator.

### EMPLOYER/POLICYHOLDER INFORMATION (Required fields are marked with an asterisk(\*)).

*Employer/Policyholder Name	*Policy Number
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### EMPLOYEE/MEMBER INFORMATION (Required fields are marked with an asterisk(\*)).

*Employee/Member Name (First MI Last)	*SSN or Tax ID #	*Date of Birth
*Address (Street, City, State & Zip)	*Marital Status	*Gender
E-mail Address	Phone Number	Cell/Mobile Number

### BENEFICIARY DESIGNATION (Required fields are marked with an asterisk(\*)).

This designation is for all group insurance coverage issued by The Hartford for which benefits are payable to a beneficiary or survivor (as indicated by each specific policy) in the event of your death, unless otherwise requested by you in writing. This designation may be changed upon written request.

**All information requested is required, per beneficiary.** If more than one beneficiary is named, the beneficiaries shall share benefits equally unless percentages are stated below. **The percentages must total 100% for all Primary Beneficiaries and 100% for all Contingent Beneficiaries.** If you need to designate more beneficiaries than space will allow, please include the additional information on a separate paper and attach it to/submit it with this form, clearly stating your name. Please consult your benefits administrator or legal advisor for assistance or additional information.

**Important Note:** Certain states are community property states. If you live in one of these states – AK, AR, CA, ID, LA, NV, NM, TX, WA or WI – and designate someone other than your spouse as your beneficiary, state law may require that your spouse/partner consent to the designation. Puerto Rico and certain tribal jurisdictions may also require spousal consent. Spousal consent may not apply to ERISA plans. Please consult your benefits administrator or legal advisor for additional information.

### Primary Beneficiary(ies) (Primary beneficiaries are first in line to receive benefits if living at the time of your death.)

1) *Name (First MI Last)	*SSN or Tax ID #	*Date of Birth	*Relationship to You	*Percent %
*Address (Street, City, State & Zip)			Phone Number	
2) *Name (First MI Last)	*SSN or Tax ID #	*Date of Birth	*Relationship to You	*Percent %
*Address (Street, City, State & Zip)			Phone Number	

### Contingent Beneficiary(ies) (Contingent beneficiaries will receive benefits if no primary beneficiary is alive at the time of your death.)

1) *Name (First MI Last)	*SSN or Tax ID #	*Date of Birth	*Relationship to You	*Percent %
*Address (Street, City, State & Zip)			Phone Number	
2) *Name (First MI Last)	*SSN or Tax ID #	*Date of Birth	*Relationship to You	*Percent %
*Address (Street, City, State & Zip)			Phone Number	

### AGREEMENT & SIGNATURE (Required fields are marked with an asterisk(\*)).

I understand that this Designation of Beneficiary applies to all group insurance coverage issued by The Hartford for which benefits are payable to a beneficiary or survivor (as indicated by each specific policy) in the event of my death, unless otherwise requested by me in writing. I also understand that this Designation of Beneficiary is subject to change as provided in each applicable group policy.

By signing below, I acknowledge that: 1) I understand and agree to the terms of this form as noted above; and 2) This Designation of Beneficiary is effective as of the date submitted.

*Employee/Member Signature	*Date of Signature
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### COMMUNITY PROPERTY CONSENT (To be completed by the Employee/Member's spouse/partner, if applicable).

By signing below, I, \_\_\_\_\_ (insert your full name), do hereby consent to the foregoing beneficiary designation(s).

Spouse/Partner Signature	Date of Signature
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