



BENEFICIARY DESIGNATION FORM

NAME: _____ SOCIAL SECURITY NUMBER: _____

EFFECTIVE DATE: _____

(New Hires: Please enter your start/hire date. Changes: Please enter effective date for your changes)

Use this form to indicate the beneficiary(ies) for your Infineum insurance benefits.

1. Because participation in the Basic Group Life and Occupational AD&D plans is automatic (Infineum pays the full cost of these plans), you MUST choose a beneficiary for these plans even if you do not choose to participate in the Optional Life or Optional Accidental Death and Dismemberment (AD&D) plans.
2. If you name more than one beneficiary, please designate the order in which the beneficiaries are to be considered. For example, if your primary beneficiary dies before you, who would the secondary beneficiary be?
3. If you want to name the same beneficiary(ies) for all of the plans in which you are enrolled, complete the Basic Group Life Insurance section and check where indicated. No further entries are necessary.
4. You may name different beneficiaries for the different plans. If you need more room, please make a copy of this form.
5. If you want the benefit payment to be divided among more than one primary or secondary beneficiary, please note the percentage to be paid to each. If percentages are not designated, payments are divided equally among the beneficiaries you name.
6. Be sure to sign and date this form.

Basic Group Life Insurance (You Must Designate a Beneficiary)					
NAME OF BENEFICIARY (LAST, FIRST, MIDDLE)	SOCIAL SECURITY NUMBER	DATE OF BIRTH (mm/dd/yyyy)	RELATIONSHIP (SPOUSE, DOMESTIC PARTNER, CHILD, OTHER)	PRIMARY / SECONDARY	%

Please indicate if you would like the above beneficiary elections to be effective for all your insurance plans: YES NO
 If you selected YES, you do not need to fill out the rest of this form. Just sign and date at the end of this form.
 If you selected NO, please designate beneficiary(ies) below.

Occupational AD&D Insurance (You Must Designate a Beneficiary)					
NAME OF BENEFICIARY (LAST, FIRST, MIDDLE)	SOCIAL SECURITY NUMBER	DATE OF BIRTH (mm/dd/yyyy)	RELATIONSHIP (SPOUSE, DOMESTIC PARTNER, CHILD, OTHER)	PRIMARY / SECONDARY	%



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Optional Life Insurance (ONLY if you elected this coverage on your Enrollment form)					
NAME OF BENEFICIARY (LAST, FIRST, MIDDLE)	SOCIAL SECURITY NUMBER	DATE OF BIRTH (mm/dd/yyyy)	RELATIONSHIP (SPOUSE, DOMESTIC PARTNER, CHILD, OTHER)	PRIMARY / SECONDARY	%

Optional AD&D Insurance (ONLY if you elected this coverage on your Enrollment form)					
NAME OF BENEFICIARY (LAST, FIRST, MIDDLE)	SOCIAL SECURITY NUMBER	DATE OF BIRTH (mm/dd/yyyy)	RELATIONSHIP (SPOUSE, DOMESTIC PARTNER, CHILD, OTHER)	PRIMARY / SECONDARY	%

AUTHORIZATION

I authorize payment of my Infineum insurance benefits to the beneficiary(ies) I have indicated above. The beneficiary information provided on this form supersedes any previously completed beneficiary forms.

Colleague Signature

Date

Please retain a copy for your records and submit to Human Resources