

## Group Life Insurance Beneficiary Designation

In partnership with Reliance Standard, A Plus Benefits is pleased to offer Basic and/or Supplemental Life Insurance to employees who are working at least 20 hours per week. Please designate your beneficiary below. Make sure your designation is clear so that there will be no questions as to your meaning.

Employee Information						
First Name	Last Name	Social Security Number				
Beneficiary Designation						
	Full Name	Full Address	SSN	Relationship	Date of Birth	%
Primary Beneficiary				If not spouse, see below*		
Contingent Beneficiary						
Employee Signature	X				Date	

\*If you live in a community property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin) you may complete the Spousal Consent section. By signing below your spouse waives his or her rights to any community property interest in the benefit.

This will certify that, as spouse of the Employee named above, I hereby consent to my spouse designating the person(s) listed above as beneficiaries of this group life insurance under the above policy and waive any rights I may to the proceeds of such insurance under applicable community property laws.

Signature of Employee Spouse: \_\_\_\_\_ Date: \_\_\_\_\_