



3130

BENEFICIARY DESIGNATION SURVIVOR ASSISTANCE

- Instructions: 1. This form cannot be submitted on-line. 2. Either complete on-line and print or print and complete by hand - print clearly using blue or black ink. 3. Items marked with asterisk (\*) are required fields. 4. When complete - fax to the number below. Be sure to retain the original and the fax receipt for your records.

Beneficiary Designation

I hereby designate the following as my beneficiary(ies). I understand that in the event of my death, my primary beneficiary(ies) will receive my survivor assistance benefit. If there are no surviving primary beneficiaries, benefits will be paid to my contingent beneficiary(ies). My survivor assistance benefit will be divided among my surviving primary or contingent beneficiaries in equal shares unless I indicate other percentages.

Form with fields: \* Employee ID, \* Contact Phone Number (###) ###-####, \* Effective Date (mm/dd/yyyy), \* First Name, Middle Name, \* Last Name

1. PRIMARY BENEFICIARY (IES)

Form for Primary Beneficiary (IES) with fields: Primary Beneficiary Name 1, Last Four Digits of Social Security Number (xxxx), Relationship, Date of Birth (mm/dd/yyyy), % Share. Includes a CAUTION: Make sure total primary beneficiary shares equal 100% and Total % field.

National HR Service Center

Fax to: (877) 477-2329

Telephone: (877) 457-4772

Executives: Contact your Executive Benefits Specialist





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* First Name	Middle Name	* Last Name
* Employee ID	* Contact Phone Number (###)###-####	* Effective Date (mm/dd/yyyy)

**2. CONTINGENT BENEFICIARY (IES)**

Contingent Beneficiary Name 1			
Last Four Digits of Social Security Number (xxxx)	Relationship	Date of Birth (mm/dd/yyyy)	% Share
0000			
Contingent Beneficiary Name 2			
Last Four Digits of Social Security Number (xxxx)	Relationship	Date of Birth (mm/dd/yyyy)	% Share
0000			
Contingent Beneficiary Name 3			
Last Four Digits of Social Security Number (xxxx)	Relationship	Date of Birth (mm/dd/yyyy)	% Share
0000			
Contingent Beneficiary Name 4			
Last Four Digits of Social Security Number (xxxx)	Relationship	Date of Birth (mm/dd/yyyy)	% Share
0000			
<b>CAUTION: Make sure total contingent beneficiary shares equal 100%</b>			<b>Total %</b>

**3. EMPLOYEE SIGNATURE**

_____ * Employee Signature	_____ * Date (mm/dd/yyyy)
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If you wish to name additional beneficiaries, please provide the appropriate information on a separate sheet with your signature and the date. If you do not name a beneficiary, or no designated beneficiary is living at the time of your death, the plan pays benefits according to the state laws of the Kaiser Permanente Region in which you work. Probate and/or Community Property laws may apply. You may change your beneficiary designation at any time. Just complete and sign a new Survivor Assistance Beneficiary form and send it to the HR Service Center.

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