



## Change of Beneficiary Form

(For Active and Leave employees only)

Employer Name			
Employee Name	Employee ID or SSN		
Street	City	State	Zip

**Primary and Contingent Beneficiaries** – Unless you designate a percentage, proceeds are paid to primary surviving beneficiaries in equal shares. Proceeds are paid to contingent beneficiaries only when there are no surviving primary beneficiaries. If you designate contingent beneficiaries and do not designate percentages, proceeds are paid to the surviving contingent beneficiaries in equal shares. Unless otherwise provided, the share of a beneficiary who dies before the insured will be divided proportionately among the surviving beneficiaries in the respective category (primary or contingent).

Primary Beneficiary(ies)	Address	DOB	Relationship	Percent*
Contingent Beneficiary(ies)	Address	DOB	Relationship	Percent*

\*Total MUST equal 100%

- If you need additional space, using the same format, please attach a separate piece of paper, include the date and your signature. •

Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

**Minors** – While you may designate minors as beneficiaries, please note that claim payments may be delayed due to special issues raised by these designations. In the event of a claim and the beneficiary is a minor child, the insurance proceeds will not be released to the minor child. The insurance proceeds may be paid to a duly appointed guardian of the child’s estate. You may want to obtain the assistance of an attorney in drafting your beneficiary designation.

**Trust as Beneficiary** – You may designate a trust as beneficiary, using the following format:  
 “To [name of trustee], trustee of the [name of trust], under a trust agreement dated [date of trust].”

**Life Status Changes** – We recommend that you review your beneficiary designation when significant life status events occur, such as marriage, divorce or birth of a child.

**Please note:** The above beneficiary designation applies to all FBMC benefits except the 401(k) Retirement Account and Cigna Hospital Income Protection. If you desire to change your 401(k) beneficiary you may do so by completing the appropriate 401(k) Change of Beneficiary Form.

Return this form to: Fringe Benefits Management Company  
 P.O. Box 1878  
 Tallahassee, FL 32303  
 Attention: **Enrollment Processing**