



CAPISTRANO UNIFIED SCHOOL DISTRICT

Group Life/Accidental Death and Disability Insurance Enrollment Information

Policy Number: 68547-0

Company: Voya

Employee Name (Please Print): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Primary Beneficiary #1 Full Name and Address Percentage\* Date of Birth Social Security Number Relationship Name: \_\_\_\_\_ Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Or Name of Trust If Applicable \_\_\_\_\_

Primary Beneficiary #2 Full Name and Address Percentage\* Date of Birth Social Security Number Relationship Name: \_\_\_\_\_ Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Or Name of Trust If Applicable \_\_\_\_\_

Primary Beneficiary #3 Full Name and Address Percentage\* Date of Birth Social Security Number Relationship Name: \_\_\_\_\_ Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Or Name of Trust If Applicable \_\_\_\_\_

\*Percentages must total 100% if no percentages indicated; benefits will be divided equally between all primary beneficiaries.

Contingent Beneficiary #1 Full Name and Address Percentage\* Date of Birth Social Security Number Relationship Name: \_\_\_\_\_ Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Or Name of Trust If Applicable \_\_\_\_\_

Contingent Beneficiary #2 Full Name and Address Percentage\* Date of Birth Social Security Number Relationship Name: \_\_\_\_\_ Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Or Name of Trust If Applicable \_\_\_\_\_

Contingent Beneficiary #3 Full Name and Address Percentage\* Date of Birth Social Security Number Relationship Name: \_\_\_\_\_ Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Or Name of Trust If Applicable \_\_\_\_\_

\*Percentages must total 100%. If no percentages indicated, benefits will be divided equally between all contingent beneficiaries.

\*This beneficiary designation revokes all revocable prior beneficiary designations.

\*Unless you indicate otherwise, if any beneficiary predeceases you, that beneficiary's share will be divided pro-rated among surviving beneficiaries of the same class (primary or contingent).

\*If no beneficiary (primary or contingent) survives you, payment will be made pursuant to the terms of the applicable policy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_