

**Southern California Permanente Medical Group**  
**BENEFICIARY DESIGNATION FORM**

**Standard Insurance Company (The Standard)**

Policy # 758184

It is requested that the following change of beneficiary be made on the records maintained in connection with the life insurance of the insured named below and in accordance with the provision of Group Policy #758184. The following beneficiary designations will apply to all coverages for which you are insured. The beneficiary designation will also apply to any future coverage changes (additions or reductions) that may occur during my employment with Southern California Permanente Medical Group, unless a new beneficiary designation is executed. Unless percentages are designated, proceeds shall be paid to primary surviving beneficiaries in equal shares. Proceeds are to be paid to contingent beneficiaries only when there are no surviving primary beneficiaries. Proceeds are to be paid to the surviving contingent beneficiaries in equal shares, if contingent beneficiaries have been designated and percentages are not provided. Unless otherwise provided, the share of a beneficiary who dies before the insured shall be divided proportionately among the surviving beneficiaries in the respective category (primary or contingent) or by order of the policy if no other beneficiaries are named.

NOTE: This beneficiary designation will NOT apply to any coverages that have been **absolutely assigned**.

**Name of Physician/Employee:** \_\_\_\_\_  
(First Name) (Middle Name) (Last Name)

**Insured's Address:** \_\_\_\_\_  
(Street)  
 \_\_\_\_\_  
(City) (State) (ZIP)

**Insured's Phone:** (        ) \_\_\_\_\_ **Insured's DOB:** \_\_\_\_\_ **Insured's SS#:** \_\_\_\_\_

**Beneficiary Designation:** Please indicate Social Security Number, Relationship, and address of each person you designate as a beneficiary. *(If your beneficiary is a trust, please provide the trustee name, trust name and effective date of the trust.)*

PRIMARY BENEFICIARY	RELATIONSHIP TO EMPLOYEE	SS#	DATE OF BIRTH	ADDRESS	% (TOTAL MUST EQUAL 100%)
CONTINGENT BENEFICIARY	RELATIONSHIP TO EMPLOYEE	SS#	DATE OF BIRTH	ADDRESS	% (TOTAL MUST EQUAL 100%)

**Physician/Employee (Insured) Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Please refer to Page 2 to review *Guidelines for Designation of Beneficiaries*. If you need additional space, using the above format, attach a separate piece of paper with the appropriate policy number, the date, and your signature.

***Please return completed form to:***  
***Shared Services - Walnut Center 393***  
***E. Walnut Street, 3<sup>rd</sup> Floor Pasadena,***  
***CA 91188***

## *Guidelines for Designation of Beneficiaries*

**General** – Please be sure to include the beneficiary’s full name, relationship, social security number, date of birth, address and percentage of proceeds to be received. Providing this information can help expedite the claim process by making it easier to locate and verify beneficiaries. It is the responsibility of the insured/owner to periodically review the beneficiary designations and keep this information updated.

**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 form: “To [name of trustee], Trustee of the [name of trust], under a trust agreement dated [date of trust].” **Be sure to provide the Trustee’s address and phone number in the address box.**

If you wish to designate a testamentary trust as beneficiary (i.e. one to be created by will), you should recognize the possibility that your will, which was intended to create this trust, may not be admitted to probate (because it is lost, contested, or superseded by a later will). Claim payment delays can result if the beneficiary designation doesn’t provide for this situation.

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

**See an Attorney!** The above guidelines are general and are not intended to be relied upon as legal advice. Unless your designation is a simple one, we recommend that you obtain the assistance of an attorney in drafting your beneficiary designation. A qualified attorney can help assure that your beneficiary designation correctly reflects your intentions, is clear and unambiguous, and meets legal requirements.