

**M-NCPPC GROUP LIFE INSURANCE PLAN  
BENEFICIARY DESIGNATION FORM**

**SECTION I. Employee Information**

Name (Last Name, First Name, MI) \_\_\_\_\_

Employee ID# \_\_\_\_\_ Employee Email \_\_\_\_\_

**SECTION II. Beneficiary Information**

Name	Relationship
Address	
<b>Primary Beneficiary for:</b>	
<input type="checkbox"/> Basic Life <input type="checkbox"/> AD&D <input type="checkbox"/> Supplemental Life <input type="checkbox"/> ALL Lines of Coverage: Life (Basic/AD&D/Supplemental)	_____ %
<b>Contingent Beneficiary for:</b>	
<input type="checkbox"/> Basic Life <input type="checkbox"/> AD&D <input type="checkbox"/> Supplemental Life <input type="checkbox"/> ALL Lines of Coverage: Life (Basic/AD&D/Supplemental)	_____ %

Name	Relationship
Address	
<b>Primary Beneficiary for:</b>	
<input type="checkbox"/> Basic Life <input type="checkbox"/> AD&D <input type="checkbox"/> Supplemental Life <input type="checkbox"/> ALL Lines of Coverage: Life (Basic/AD&D/Supplemental)	_____ %
<b>Contingent Beneficiary for:</b>	
<input type="checkbox"/> Basic Life <input type="checkbox"/> AD&D <input type="checkbox"/> Supplemental Life <input type="checkbox"/> ALL Lines of Coverage: Life (Basic/AD&D/Supplemental)	_____ %

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<b>Contingent Beneficiary for:</b>	
<input type="checkbox"/> Basic Life <input type="checkbox"/> AD&D <input type="checkbox"/> Supplemental Life <input type="checkbox"/> ALL Lines of Coverage: Life (Basic/AD&D/Supplemental)	_____ %

**SECTION III. Signature**

I, hereby revoke any previous designations, and designate the beneficiary(ies) listed on this form in the event of my death

\_\_\_\_\_  
Employee Signature Date

**For Office Use Only:** HRIS: \_\_\_\_\_ Verified: \_\_\_\_\_

## INSTRUCTIONS FOR COMPLETING YOUR DESIGNATION OF BENEFICIARY FORM

1. Complete Section I with your Employee Information: Name, Employee ID and Employee Email.

2. Complete the Beneficiary Information in Section II. *If you need more space, attach an additional sheet of paper with all of the required information. Be sure to sign and date the additional sheet of paper.*

- Add the Name, Relationship and Address for each beneficiary.
- Note whether the beneficiary is Primary and/or Contingent.
- **A Primary Beneficiary** is your first choice to receive proceeds in the event of your death. If any primary beneficiary predeceases you, his/her portion of the proceeds will be distributed equally between any remaining primary beneficiaries. The total percentage designated for all primary beneficiaries must equal 100%.
- **The Contingent Beneficiary** is your second choice to receive proceeds if all of your Primary Beneficiaries are not living at the time of your death. If any contingent beneficiary listed are not living at this time, his/her share of the proceeds will be distributed equally between any remaining contingent beneficiaries. The total percentage designated for all contingent beneficiaries must equal 100%.
- Check the plan(s) from which the named beneficiary, Primary or Contingent, is to receive proceeds in the event of your death. You may assign different beneficiaries (Primary and Contingent) for:
  - Basic Life Insurance and/or,
  - Accidental Death and Dismemberment (AD&D) and/or
  - Supplemental Life Insurance, if applicable

3. In Section III sign and date the form.

4. Return the completed Designation of Beneficiary Form with your signature and date to the Health & Benefits Office:

Mail:  
M-NCPPC, Health & Benefits Office  
6611 Kenilworth Avenue, Suite 404  
Riverdale, MD 20722

Email: [benefits@mncppc.org](mailto:benefits@mncppc.org)

Fax: 301-454-1687

5. If you have any questions about designating your beneficiary(ies) for the Group Life Insurance plans, contact the Health & Benefit Office (301-454-1694 or [benefits@mncppc.org](mailto:benefits@mncppc.org)).

[See the next page for an example of how to complete Section II. - Beneficiary Information](#)

**EXAMPLE - DESIGNATION OF BENEFICIARY**

In this example, the employee has \$50,000 Basic, \$50,000 AD&D, and \$100,000 Supplemental Life Insurance coverage.

Proceeds assigned:

- **Basic:** Primary -50% to Jane Doe, Sister and 50% to John Doe, Brother  
Contingent – 100% to Cousin, Sara Smith
- **AD&D:** Primary -50% to Jane Doe, Sister and 50% to John Doe, Brother  
Contingent – 100% to Cousin, Sara Smith
- **Supplemental:** Primary – 100% to Sara Smith, Cousin  
Contingent – 100% to Brother, John Doe
- **Total percentage of proceeds for each Plan whether designated as Primary or Contingent must equal 100%.**

SECTION II. Beneficiary Information	
Name Jane Doe	Relationship Sister
Address 112233 Rose Court, Anywhere NY, !7402	
<b>Primary Beneficiary for:</b> <input checked="" type="checkbox"/> Basic Life <input checked="" type="checkbox"/> AD&D <input type="checkbox"/> Supplemental Life <input type="checkbox"/> ALL Lines of Coverage: Life (Basic/AD&D/Supplemental)	50%
<b>Contingent Beneficiary for:</b> <input type="checkbox"/> Basic Life <input type="checkbox"/> A&D <input type="checkbox"/> Supplemental Life <input type="checkbox"/> ALL Lines of Coverage: Life (Basic/AD&D/Supplemental)	____ %
Name John Doe	Relationship Brother
Address 334456 Monroe Avenue, Somewhere, CT 32904	
<b>Primary Beneficiary for:</b> <input checked="" type="checkbox"/> Basic Life <input checked="" type="checkbox"/> AD&D <input type="checkbox"/> Supplemental Life <input type="checkbox"/> ALL Lines of Coverage: Life (Basic/AD&D/Supplemental)	50 %
<b>Contingent Beneficiary for:</b> <input type="checkbox"/> Basic Life <input type="checkbox"/> AD&D <input checked="" type="checkbox"/> Supplemental Life <input type="checkbox"/> ALL Lines of Coverage: Life (Basic/AD&D/Supplemental)	100 %
Name Sara Smith	Relationship Cousin
Address 888001 Goose Lane, Everywhere, VT 23087	
<b>Primary Beneficiary for:</b> <input type="checkbox"/> Basic Life <input type="checkbox"/> AD&D <input checked="" type="checkbox"/> Supplemental Life <input type="checkbox"/> ALL Lines of Coverage: Life (Basic/AD&D/Supplemental)	100 %
<b>Contingent Beneficiary for:</b> <input checked="" type="checkbox"/> Basic Life <input checked="" type="checkbox"/> AD&D <input type="checkbox"/> Supplemental Life <input type="checkbox"/> ALL Lines of Coverage: Life (Basic/AD&D/Supplemental)	100 %