

Life Insurance Beneficiary Designation Form



Anthem Blue Cross Life and Health Insurance Company
Life Claims Service Center
P.O. Box 105448
Atlanta, GA 30348-5448

Please type or print your responses below. Be sure you sign and date the bottom of this form.

Name of Insured		Social Security No.
Name of Policyowner (if different)		Social Security No.
Name of Employer/Group (if applicable)		Policy/Certification No.
<p>If you reside in a state with Marital or Community Property Laws, spousal consent is required if your spouse is not listed as a Primary Beneficiary for at least 50%</p> <p>PRIMARY BENEFICIARY(IES): Person or persons who will receive the Life Insurance Proceeds upon your death.</p>		
Name and Address		Relationship to Insured
Date of Birth	Social Security Number	Percentage to be paid to this beneficiary: %
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Date of Birth	Social Security Number	Percentage to be paid to this beneficiary: %
<p>Total percentages should add up to 100%. If no percentages are indicated, the proceeds will be divided equally. If a Primary beneficiary dies before the Insured, that beneficiary's portion will be distributed proportionately to the surviving Primary beneficiary(ies). If no Primary beneficiary survives, proceeds will be paid to the Contingent beneficiary(ies) listed below. Use the back of this form if you wish to name additional Primary or Contingent beneficiaries and make a notation to "see back".</p>		
<p>CONTINGENT BENEFICIARY(IES): Person or persons who will receive the Life Insurance Proceeds if there is no surviving Primary Beneficiary.</p>		
Name and Address		Relationship to Insured
Date of Birth	Social Security Number	Percentage to be paid to this beneficiary: %
Name and Address		Relationship to Insured
Date of Birth	Social Security Number	Percentage to be paid to this beneficiary: %
Signature of Insured or Policyowner (2 Officers' signatures, with title, are required if corporate owned)		Date Signed
Signature of Spouse (if not designated as Primary beneficiary and Residence is in Community Property State)		Date Signed



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BENEFICIARY DESIGNATIONS

DEFINITIONS:

The purpose of designating beneficiaries for this policy is to instruct Anthem Blue Cross Life & Health Insurance Company (Anthem Blue Cross) exactly how you wish the proceeds of your policy/certificate to be paid upon your death. Therefore, please take a moment to read the examples below:

PRIMARY BENEFICIARY:

Person or persons to receive the Life Insurance proceeds upon the death of the Insured. If multiple Primary Beneficiaries are listed, death benefits are divided equally among all the living Primary Beneficiaries, unless otherwise stated.

CONTINGENT BENEFICIARY:

Person or persons to receive the Life Insurance proceeds when the Primary Beneficiary(ies) dies before the Insured. If multiple Contingent Beneficiaries are listed, death benefits are divided equally among all the living Contingent Beneficiaries, unless otherwise stated.

EXAMPLES OF CORRECT BENEFICIARY DESIGNATIONS:

- Joe and Jane Smith — Father and Mother
- William E. Brown — Spouse
- George Jones — Friend
- Donald C. White, Jane E. Smith, and Richard E. Beck — Children

If you choose the estate or a trust as beneficiary, see the following example beneficiary designation:

Insured's Estate: John Q. Smith — trustee under the Mary R. Smith Trust dated 01/02/2006.

Full given names of each beneficiary must be clearly stated.

NOTE: INSUREDS OF GROUP INSURANCE MAY NOT DESIGNATE THEIR EMPLOYER AS BENEFICIARY

Employees should make a copy to keep for their personal record. Employers need to keep original on file. For All Voluntary benefits, a legible copy ***must*** be sent to Anthem Blue Cross.

ADDITIONAL BENEFICIARY(IES)

Name and Address (Please circle: Primary or Contingent)		Relationship to Insured
Date of Birth	Social Security Number	Percentage to be paid to this beneficiary: %
Name and Address (Please circle: Primary or Contingent)		Relationship to Insured
Date of Birth	Social Security Number	Percentage to be paid to this beneficiary: %
Name and Address (Please circle: Primary or Contingent)		Relationship to Insured
Date of Birth	Social Security Number	Percentage to be paid to this beneficiary: %
Name and Address (Please circle: Primary or Contingent)		Relationship to Insured
Date of Birth	Social Security Number	Percentage to be paid to this beneficiary: %

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