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DESIGNATION OF BENEFICIARY GROUP LIFE INSURANCE

Please see *Instructions* for information regarding your designation. Retain a copy for your records.

EMPLOYEE

Social Security Number: Gender: M F Date of Birth: / /
Month Day Year

Home E-mail Address:

Name: / / /
First Middle Last Suffix

Mailing Address: / / /
Street or Box Number City/Town State ZIP Code

DESIGNATION OF BENEFICIARY - PRIMARY

Name(s) of Primary Beneficiary(ies):	Social Security Number (required):	Date of Birth (required):	Relationship (required):	% to Receive (must total 100%)

DESIGNATION OF BENEFICIARY - CONTINGENT

Name(s) of Contingent Beneficiary(ies):	Social Security Number (required):	Date of Birth (required):	Relationship (required):	% to Receive (must total 100%)

Note: Contingent beneficiaries will be paid only if primary beneficiaries pre-decease you.

I hereby designate the beneficiary(ies) named above, if they survive me, to receive any amount of Group Life Insurance and Group Accidental Death Insurance payable at my death. This designation invalidates all previous Designations of Beneficiary and applies to all MainePERS Group Life Insurance Program policies issued to me. This designation will remain in effect until cancelled by me in writing on an appropriate form filed with the MainePERS.

EMPLOYEE SIGNATURE _____

DATE _____