

GIC LIFE INSURANCE BENEFICIARY FORM-319

For up to three beneficiaries

(To list over three beneficiaries, an estate, or trust, please complete Form G-500)



**Commonwealth of Massachusetts
Group Insurance Commission**

YOU MUST READ INSTRUCTIONS ON BACK BEFORE COMPLETING FORM

Insured GIC ID (Soc. Sec. No.):		Agency/Division		Note: If you check 'Same as Insured', you do not need to fill out the applicable field		
Insured Name: First		M.I.	Last			
Street Address						
City			State	Zip Code	Country (if not USA)	

BENEFICIARY #1					RELATIONSHIP
First Name		M.I.	Last Name		<input type="checkbox"/> Same as Insured
Street Address					<input type="checkbox"/> Same as Insured
City		State	Zip Code	Country (if not U.S.A.)	
Social Security Number		Date of Birth		Phone Number	
					<input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Other, specify:
					% OF PROCEEDS (DO NOT Put \$ Amount) ___ %

BENEFICIARY #2					RELATIONSHIP
First Name		M.I.	Last Name		<input type="checkbox"/> Same as Insured
Street Address					<input type="checkbox"/> Same as Insured
City		State	Zip Code	Country (if not U.S.A.)	
Social Security Number		Date of Birth		Phone Number	
					<input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Other, specify:
					% OF PROCEEDS (DO NOT Put \$ Amount) ___ %

BENEFICIARY #3					RELATIONSHIP
First Name		M.I.	Last Name		<input type="checkbox"/> Same as Insured
Street Address					<input type="checkbox"/> Same as Insured
City		State	Zip Code	Country (if not U.S.A.)	
Social Security Number		Date of Birth		Phone Number	
					<input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Other, specify:
					% OF PROCEEDS (DO NOT Put \$ Amount) ___ %

I hereby make the above designation of beneficiary, thereby revoking all previous beneficiary nominations and make the above nomination of beneficiary with respect to all insurance provided now or at any time in the future under the group insurance policies. I still reserve the privilege of making other and future changes subject to the policy provisions.

The effective date of an enrollee's life insurance beneficiary designation is the date that the GIC receives a validly signed and completed beneficiary form prior to your death. Receipt of a beneficiary change form does not guarantee that the change will be made. The GIC may reject forms that are incomplete, incorrect, have other defects, or if signed by a Power of Attorney (POA) and the POA is not on record or does not grant the power to make life insurance beneficiary changes.

Signature of Insured: _____ **Date:** _____

Please sign and date the form. Forms without signature or date will not be accepted.

GIC LIFE INSURANCE BENEFICIARY FORM-319 INSTRUCTIONS

PLEASE READ ALL INSTRUCTIONS AND EXAMPLES CAREFULLY BEFORE COMPLETING THIS FORM

- All beneficiary information must be filled out in each field. Refer to the examples illustrated below.
- Please make a copy of this completed form and file with your important records.
- If mailing, please return this completed form to: Group Insurance Commission, P.O. Box 556, Randolph, MA 02368.

EXAMPLE 1

BENEFICIARY #1				RELATIONSHIP
First Name JOHN	M.I. Q	Last Name SAMPLE	<input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Other, specify:	
Street Address <input type="checkbox"/> Same as Insured 100 YOUR STREET RD				
City YOURTOWN		State MA	Zip Code 01234	Country (if not U.S.A.)
Social Security Number 123-45-6789	Date of Birth 10/10/1960	Phone Number 617-123-4567		% OF PROCEEDS (DO NOT Put \$ Amount) 100%
BENEFICIARY #2				RELATIONSHIP
First Name	M.I.	Last Name	<input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Other, specify:	
Street Address <input type="checkbox"/> Same as Insured				
City		State	Zip Code	Country (if not U.S.A.)
Social Security Number	Date of Birth	Phone Number		% OF PROCEEDS (DO NOT Put \$ Amount)
BENEFICIARY #3				RELATIONSHIP
First Name	M.I.	Last Name	<input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Other, specify:	
Street Address <input type="checkbox"/> Same as Insured				
City		State	Zip Code	Country (if not U.S.A.)
Social Security Number	Date of Birth	Phone Number		% OF PROCEEDS (DO NOT Put \$ Amount)

EXAMPLE 2

BENEFICIARY #1				RELATIONSHIP
First Name JANE	M.I. L	Last Name SAMPLE	<input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input checked="" type="checkbox"/> Child <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Other, specify:	
Street Address <input type="checkbox"/> Same as Insured 100 YOUR STREET RD				
City YOURTOWN		State MA	Zip Code 01234	Country (if not U.S.A.)
Social Security Number 123-45-6789	Date of Birth 12/12/1986	Phone Number 617-123-4567		% OF PROCEEDS (DO NOT Put \$ Amount) 50%
BENEFICIARY #2				RELATIONSHIP
First Name MATHEW	M.I. J	Last Name	<input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input checked="" type="checkbox"/> Child <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Other, specify:	
Street Address <input type="checkbox"/> Same as Insured 100 YOUR STREET RD				
City YOURTOWN		State MA	Zip Code 01234	Country (if not U.S.A.)
Social Security Number 123-45-6789	Date of Birth 11/11/1988	Phone Number 617-123-4567		% OF PROCEEDS (DO NOT Put \$ Amount) 50%
BENEFICIARY #3				RELATIONSHIP
First Name	M.I.	Last Name	<input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Other, specify:	
Street Address <input type="checkbox"/> Same as Insured				
City		State	Zip Code	Country (if not U.S.A.)
Social Security Number	Date of Birth	Phone Number		% OF PROCEEDS (DO NOT Put \$ Amount)

PERCENTAGE (%) OF PROCEEDS

- If you do not provide a % of proceeds for your beneficiaries, the proceeds will be divided equally among all listed beneficiaries. If you provide a % for some but not all of the listed beneficiaries, your form will be rejected.
- If you list two or three beneficiaries with a specific percentage designated to each and one of the beneficiaries dies before you, the descendant's portion will be paid equally to the remaining beneficiary/ies.
- If you list two or three beneficiaries and indicate 100% of proceeds for each one, when you die, the first beneficiary will receive 100% of the proceeds. However, if the first beneficiary dies before you, the second designated beneficiary will receive 100% of the proceeds. If the second beneficiary also dies before you, your third beneficiary will receive 100% of the payment.
- If all designated beneficiaries die before you, payment will be made according to the terms of your life insurance policies, in effect at the time of your death, in the following order: to the spouse, then to the children, then to the parents, then to the siblings, then to the estate.