



# The School District of Philadelphia

## Life Insurance Designation of Beneficiary

440 N. Broad Street  
Suite G-10  
Philadelphia, PA 19130  
P:(215) 400-4630

**Before completing this form, refer to the other side for instructions. Please keep a copy for your records.**

Group Policyholder Name <b>School District of Philadelphia</b>	Group Policy Number <b>100482</b>
Employee/Retiree Name and Address	Employee/Retiree Social Security Number

Subject to the terms of the above numbered Group Policy, I request that any sum becoming payable by reason of my death be payable to the following beneficiary(ies). It is my understanding that this designation shall operate so as to revoke all designations of beneficiary and all elections of optional methods of settlement previously made by me under said Policy. If this Designation of Beneficiary refers only to a Group Life Insurance Policy and if I am also insured for Supplemental and/or Group Accidental Death coverage, this designation shall apply to those coverages. This Designation of Beneficiary is subject to all "Conditions" shown on the reverse side of this form

Employee Signature	Date
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### Beneficiary Information

Beneficiary Name	Address	Phone Number	Beneficiary Type <input checked="" type="checkbox"/> Primary*
Relationship	Social Security Number	Date of Birth	Percentage
Guardian Name***	Address	Phone Number	

### Beneficiary Information

Beneficiary Name	Address	Phone Number	Beneficiary Type <input type="checkbox"/> Primary* <input type="checkbox"/> Contingent**
Relationship	Social Security Number	Date of Birth	Percentage
Guardian Name***	Address	Phone Number	

### Beneficiary Information

Beneficiary Name	Address	Phone Number	Beneficiary Type <input type="checkbox"/> Primary* <input type="checkbox"/> Contingent**
Relationship	Social Security Number	Date of Birth	Percentage
Guardian Name***	Address	Phone Number	

### Beneficiary Information

Beneficiary Name	Address	Phone Number	Beneficiary Type <input type="checkbox"/> Primary* <input type="checkbox"/> Contingent**
Relationship	Social Security Number	Date of Birth	Percentage
Guardian Name***	Address	Phone Number	

\* If more than one primary beneficiary is named, the primary beneficiaries shall share equally unless otherwise indicated above.

\*\*Contingent Beneficiary(ies) will only receive proceeds if all Primary Beneficiaries have predeceased the Insured. If you are naming more than one Contingent Beneficiary at 100% each, please indicate 1st contingent, 2nd contingent, 3rd contingent, etc. in the order of precedence.

\*\*\* A Guardian may be listed by the employee to designate custody of their minor child(ren) in the event of their death.

**Employee Name:** \_\_\_\_\_

**Policy Number: 100482**

**Instructions**

- If you make a mistake completing this form, line out the incorrect information, add the correct information and initial the correction. The printed material on this form should not be deleted or altered in any way.
- In all cases, the relationship of the beneficiary and the beneficiary's social security number should be included with the beneficiary designations.
- If beneficiary is to be contingent, be sure to check the appropriate box. A Contingent Beneficiary will receive benefits only if the Primary Beneficiary(ies) do not survive the insured. If naming more than one Contingent Beneficiary at 100% of each, please indicate 1st contingent, 2nd contingent, 3rd contingent, etc.
- If a married women is named beneficiary, her full legal name should be shown.  
For example: Mary J. Smith, not Mrs. John J. Smith. Likewise, if this form is to be signed by a married women, she should sign her full legal name.
- If a minor child is named beneficiary, the date of birth along with the social security number must be given. Complete the guardian section if applicable in the space provided.
- When two or more beneficiaries are named, and they are not to share the benefits equally, enter the percentage each beneficiary is to receive on the form in the space provided. Dollars and cents should not be specified. When added together, the sum of the percentages going to the two or more named beneficiaries must equal 100%.
- If a trustee is named beneficiary, show the exact name of the trust, date of the trust agreement, and the name and address of the trustee.  
For example: The John J. Smith Revocable Life Insurance Trust, dated January 1, 1994. John Smith Trustee 123 Apple Lane, Hartford, CT 06006
- Send completed form(s) to: The School District of Philadelphia, Office of Employee Benefits, 440 N. Broad Street, Suite G-10 Philadelphia, PA 19130.

**Conditions**

- Unless otherwise expressly provided in this Designation of Beneficiary form, if any named beneficiary predeceases me, the life proceeds shall be payable equally to the remaining named beneficiary or beneficiaries. If no named beneficiary survives me, any sum becoming payable under said Group Policy(ies) by reason of my death shall be payable as prescribed in said Group Policy(ies).
- If this Designation of Beneficiary provides for payment to a trustee under a trust agreement, Aetna Life Insurance Company shall not be obliged to inquire into the terms of the trust agreement and shall not be chargeable with knowledge of the terms thereof. Payment to and receipt by the trustee shall full discharge all liability of said Insurance Company to the extent of such payment.
- If you live in one of the following community property states - **Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin** - your spouse may have a legal claim for a portion of the life insurance benefit under state law. If you name someone other than your spouse as beneficiary, payment of the death benefit may be delayed until your spouse's claim is resolved. If you make the beneficiary someone other than your spouse, it may be a good idea to complete the spousal consent section, which allows the spouse to waive his or her rights to any community property

**SPOUSAL CONSENT FOR COMMUNITY PROPERTY STATES ONLY**

\*\*\*\*\*Please note that an employee is under no obligation to complete the Spousal Consent section of this form.

I am aware that my spouse, the Employee named above, has designated someone other than me to be the beneficiary of group life insurance under the above policy. I hereby consent to such designation and waive any rights I may have to the proceeds of such insurance under applicable community property laws. I understand that this consent and waiver supersedes any prior spousal consent or waiver under this plan.

Spouse Signature \_\_\_\_\_ Date \_\_\_\_\_