



Beneficiary Designation Form for Group Accident & Health and Group Life and Group Accidental Death & Dismemberment Insurance

Axis Insurance Company

Life Insurance Company of North America

Cigna Life Insurance Company of New York

Instructions: Please complete, sign and date this form to designate your beneficiary(ies) or to change your existing beneficiary(ies). This form cancels all prior designations. If more than one beneficiary is named and no percentages are indicated, payment will be made in equal shares. If there are more than three (3) primary and/or contingent beneficiaries, please attach a separate sheet of paper. **Completed beneficiary designation forms should be kept on file with your organization.**

Section 1: Policyholder Information

Organization Name			Phone	
Organization Address	City	County	State	Zip

Section 2: Member Information

Name (Last Name, Suffix, First Name, MI)	Date of Birth	Social Security #
--	---------------	-------------------

Check the coverages to which this beneficiary designation form applies.
 A&H
 Group Life
 AD&D
 All

Section 3: Primary Beneficiary (ies)

I choose the person(s) named below to be the primary beneficiary(ies) of the insurance benefits that may be payable at the time of my death. If any primary beneficiary(ies) is disqualified or dies before me, his/her percentage of this benefit will be paid to the remaining primary beneficiary(ies).

Name & Address	Relationship	Social Security Number	Date of Birth	Percentage

Section 4: Contingent Beneficiary (ies) **Total Must Equal 100%**

If **all** primary beneficiaries are disqualified or die before me, I choose the person(s) named below to be my contingent beneficiary(ies) of the insurance benefits that may be payable at the time of my death.

Name & Address	Relationship	Social Security Number	Date of Birth	Percentage

Section 5: Signature **Total Must Equal 100%**

X _____ Date _____
Member Signature