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| Office use only | |
| Person ID _____ | |
| Effective date _____ | |

Life Insurance and Accidental Death & Dismemberment Beneficiaries Form 2021-22

EMPLOYEE INFORMATION

Last name _____ First name _____ Middle initial _____ Status UK KCTCS
 Person ID or Social Security number _____ Email address _____ CKMS ESH

| PRIMARY BENEFICIARIES | | Change in beneficiary? <input type="checkbox"/> Yes <input type="checkbox"/> No | | AD&D | Life |
|-----------------------|---------------|---|------------------------|--------------|-------------|
| Full name | Date of birth | Address | Social Security number | Relationship | Percentage* |
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*Percentages must add up to 100%

| SECONDARY BENEFICIARIES | | Change in beneficiary? <input type="checkbox"/> Yes <input type="checkbox"/> No | | AD&D | Life |
|-------------------------|---------------|---|------------------------|--------------|-------------|
| Full name | Date of birth | Address | Social Security number | Relationship | Percentage* |
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*Percentages must add up to 100%

I hereby designate the above person(s) to receive any benefit which may become due at or after my death according to the terms of the life insurance and AD&D insurance plans. I reserve the right to change this Beneficiary Designation with the understanding that this and any change thereof will be effective upon delivery to the Employee Benefits Office.

Signature _____ Date _____