



**Benefits Office Use Only**

Member/Employee Program:

Certificated  Classified  Management  School Police  Superintendent

Designations made below, or on a separate sheet of paper, are not valid unless signed, dated, and delivered to the SAUSD Benefits Office during your lifetime.

**MEMBER/EMPLOYEE INFORMATION**

Your Name (Last, First, Middle)		Date of Birth		Social Security Number	
Your Address			City	State	Zip
					Telephone Number

**BENEFICIARY INFORMATION**

- Your designation on this form revokes all prior designations.
- Benefits are payable to a contingent Beneficiary only if you are not survived by one or more primary Beneficiaries.
- If you name two or more Beneficiaries in a class (primary or contingent), two or more surviving Beneficiaries will share equally, unless you provide for unequal shares.
- If a minor (a person not of legal age) or your estate is the Beneficiary, it may be necessary to have a guardian, or a legal representative, appointed by the court before and death benefit can be paid.
- If the Beneficiary is a trust or trustee, the written trust must be identified in the Beneficiary designation. For example, "*John A. Doe, Trustee under the trust agreement dated January 1, 2021*".
- A power of attorney must grant specific authority, by the terms of the document or applicable law, to make or change a Beneficiary designation. If you have questions, consult your legal advisor.
- Dependents Insurance and Supplemental Life Insurance on your Spouse, if any, is payable to you, if living, or as provided under your Employer's coverage under the Group Policy.
- If you complete the "% of Benefits" box(es), the amount should add up to 100% for each class (primary or contingent). For example, "*Primary – John A. Doe, 60%; Jane B. Doe, 40%*".

**PORTABILITY**

If your insurance ends because your employment terminated, you may be eligible to buy portable group insurance coverage. Please contact The Standard Insurance Company at 1 (800) 378-4668 for additional information.

**BENEFICIARY DESIGNATION** *(attach an additional sheet if necessary)*

<b>PRIMARY</b>					
Full Name	Social Security Number	Date of Birth	Relationship	<i>Total Should Equal 100% Percent</i>	
1	<i>If known</i>				
Address			City	State	Zip
					Telephone Number
2	<i>If known</i>				
Address			City	State	Zip
					Telephone Number
<b>CONTINGENT</b>					
Full Name	Social Security Number	Date of Birth	Relationship	<i>Total Should Equal 100% Percent</i>	
1	<i>If known</i>				
Address			City	State	Zip
					Telephone Number
2	<i>If known</i>				
Address			City	State	Zip
					Telephone Number

Signature of Member/Employee

Date

*Keep a copy of this form for your records*