

City of Eugene Life Insurance Enrollment and Beneficiary Change Form

Standard Life Insurance

Return completed form to Benefits Program Staff, Employee Resource Center; 940 Willamette St., Suite 200, Eugene OR 97401

EMPLOYEE	Your Name (Last, First, Middle)		Employee ID#	Date of Hire	Group Name City of Eugene	Group Number(s) 406871-F/406871-C
	Your Address		City	State	ZIP	
	Dept./Div.	Work Phone	Home Phone	Date of Birth	Social Security Number	
<i>This designation applies to Life with Accidental Death and Dismemberment (AD&D) available through the City of Eugene. Designations are not valid unless signed, dated and delivered to the Employee Resource Center during your lifetime.</i>						
BENEFICIARY	Primary Beneficiary– Full Name		Address		Relationship	% of Benefit
	Contingent Beneficiary– Full Name		Address		Relationship	% of Benefit
CHANGE	<i>Use this section only when making a change after insurance becomes effective. Check all that apply.</i>					
	Date of Change	<input type="checkbox"/> Name Change Former Name:		<input type="checkbox"/> Beneficiary Change <input type="checkbox"/> Other (List)		

Employee Signature (Required)

Date (Month/Day/Year)