

EMP #: _____

**GARDEN GROVE UNIFIED SCHOOL DISTRICT
EMPLOYEES' GROUP LIFE INSURANCE**

FOR FULL TIME EMPLOYEES (30+ HRS/WK)

EMPLOYEES ARE COVERED BY AN EMPLOYER PAID DECREASING TERM LIFE INSURANCE POLICY

Full Time Employee <u>Age at Death</u>	Certificated / Classified <u>Death Benefit</u>	Supervisory / Management <u>Death Benefit</u>
Under age 70	\$50,000	\$70,000
70 but less than 75	\$32,500	\$45,500
75 but less than 80	\$22,500	\$31,500
80 and over	\$15,000	\$21,000
<u>Dependent Life Insurance</u>		
Spouse	\$1,000	\$5,000
Child under 6 months	\$100	\$100
Child 6 months up to age 26	\$1,000	\$1,000

BENEFICIARY DESIGNATION FORM

Employee Name: _____ (First / MI / Last) Certificate Number: _____ (Employee Social Security Number)

Date of Birth: _____ (Month / Day / Year) Date of Hire: _____ (Month / Day / Year) Circle One: Single Married Divorced Other: _____

Primary Beneficiary*

Name	SSN	Relationship	% of proceeds
Address			
Phone / Email			

Beneficiary - Circle One: Primary / Secondary

Name	SSN	Relationship	% of proceeds
Address			
Phone / Email			

Beneficiary - Circle One: Primary / Secondary

Name	SSN	Relationship	% of proceeds
Address			
Phone / Email			

For additional Beneficiaries, see reverse. If a trust, attach copy of pages with trustee/beneficiaries. Primary Total =100%, Secondary Total =100%

***ATTENTION:** Because you live in a community property state, if you have designated someone other than or in addition to your spouse as a primary beneficiary, state law requires that your spouse consent to such designation. If you do not obtain your spouse's consent to the primary designation(s) listed on the front and back of this form, then such designation(s) may not be effective.

I, _____, do hereby consent to the primary beneficiary designation(s).
(Name of Insured's Spouse)

Signature of Insured's Spouse _____ Date _____

LIFE INSURANCE POLICY WILL NOT BE ACTIVATED UNTIL THIS FORM IS COMPLETED AND RETURNED TO THE DISTRICT INSURANCE DEPARTMENT.

Sign and Date: Employee _____ Date _____

See reverse for further instructions.

Beneficiary - <u>Circle One: Primary / Secondary</u> <hr/> Name _____ SSN _____ Relationship _____ <hr/> Address _____ <hr/> Phone / Email _____ <hr/>	% of proceeds
Beneficiary - <u>Circle One: Primary / Secondary</u> <hr/> Name _____ SSN _____ Relationship _____ <hr/> Address _____ <hr/> Phone / Email _____ <hr/>	% of proceeds
Beneficiary - <u>Circle One: Primary / Secondary</u> <hr/> Name _____ SSN _____ Relationship _____ <hr/> Address _____ <hr/> Phone / Email _____ <hr/>	% of proceeds

For additional Beneficiaries, attach separate sheet. If a trust, attach copy of pages with trustee/beneficiaries.	Primary Total =100% Secondary Total =100%
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Life Insurance Beneficiary Designation Form Information

1. GGUSD employees working regularly 30 hours a week or more are eligible for Insurance Benefits.
2. Since GGUSD pays the entire cost of enrollment for Life Insurance Benefits, all eligible employees should submit this form including those electing to waive Medical, Dental and Vision Benefits.
3. This Beneficiary Form may be updated at any time; it is not necessary to wait for Open Enrollment. Be sure to update with current contact information for beneficiaries.
4. **Primary Beneficiary**: This is the person/party the employee selects to receive life insurance proceeds after the Insured's death.
5. **Secondary Beneficiary**: This is the person/party the employee selects to receive life insurance proceeds after the Insured's death if no Primary Beneficiaries survive the Insured.
6. If more than one person is named as Primary &/or Secondary Beneficiary, please indicate the percentage of the benefit each should receive. Primary totals should equal 100% and Secondary totals should equal 100%.
7. Since California is a Community Property state, if someone other than or in addition to employee's spouse is designated as a Primary Beneficiary, the spouse must sign the form as consent or the designation may not be effective.
8. Within 31 days of a marriage, employees must submit an updated Life Insurance Beneficiary Form to the GGUSD Insurance Department.
9. Employees electing to name a minor as a beneficiary should be aware that benefits may not be awarded directly to a minor, however Benefits could be awarded to the guardian of a minor or to a trust. If no guardian or trust is established, the benefit would be held in an interest bearing account until the minor reaches 18 years of age.
10. Please be sure to also bring a photo ID to Personnel to update the Designation of Beneficiary form designating who would receive any outstanding Payroll check.