

Hillsborough County Retiree Term Life Insurance Beneficiary Designation Form

Name (Last/First/MI)	Last Four of Social Security Number	
Department <p style="text-align: center; margin: 0;">RETIRED</p>	Date of Hire <p style="text-align: center; margin: 0;">N/A</p>	Date of Birth
EFFECTIVE DATE:	Employee ID# (if known) :	
<p>PRIMARY BENEFICIARY DESIGNATION <i>(Please Print Full Name)</i></p>		
Name _____	Relationship _____	% _____
Name _____	Relationship _____	% _____
Name _____	Relationship _____	% _____
Name _____	Relationship _____	% _____
Name _____	Relationship _____	% _____
Name _____	Relationship _____	% _____
{Must add to 100%}		
<p>CONTINGENT BENEFICIARY DESIGNATION <i>(Please Print Full Name)</i></p>		
Name _____	Relationship _____	% _____
Name _____	Relationship _____	% _____
Name _____	Relationship _____	% _____
Name _____	Relationship _____	% _____
{Must add to 100%}		
Retiree Signature	Date	

When circumstances require, the Preference Beneficiary Standard allows benefits to be paid to the insured's survivor(s) in the following order: surviving spouse, surviving child(ren) in equal shares, surviving parent(s) in equal shares, surviving sibling(s) in equal shares, then the insured's estate. The Preference Beneficiary Standard eliminates the need for probate proceedings in the collection of insurance benefits because proceeds are paid directly to family members.