





**Section 5 - Beneficiary Designation** (Please Print)

Primary Beneficiary: Name _____ Date of Birth _____ Relationship _____ Percentage _____	Contingent Beneficiary: Name _____ Date of Birth _____ Relationship _____ Percentage _____
---	--

**Section 6 - Signatures**

*This election form revokes any prior election form completed and will remain in effect and cannot be revoked or changed during the plan year, unless the revocation and new election are on account of and consistent with a change in family status. I understand that I have verified the benefits elected above and authorize any payroll deductions required for those elections.*

Employee Signature: x \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Benefits Administrator Signature: x \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_