

Life Insurance Beneficiary Designation Form

Snohomish County Human Resources



Instructions: Use this form to designate or update your life insurance beneficiaries. This form cancels all prior designations for your Basic Life and Accidental Death and Dismemberment Insurance through The Hartford (Policy # GL-402614 ADD-S07635), Supplemental Life Insurance through The Hartford (Policy # GL-402614), and Supplemental Accidental Death & Dismemberment Insurance through Hartford (Policy # ADD-S09046). To designate different beneficiaries for different coverages, complete a separate form(s). If there are more than two (2) primary and/or contingent beneficiaries, attach a separate sheet of paper. Submit this form to Human Resources via fax at 425-388-3579 or mail to 3000 Rockefeller Ave. M/S 503 Everett, WA 98201. Call HR at 425-388-3411 ext. 0 for assistance.

① Employee Information					
Last Name		First Name		M.I.	Social Security #
Address			City		State Zip
Check the coverages to which this beneficiary designation applies:					
<input type="checkbox"/> The Hartford Basic Life/AD&D and/or Supplemental Life and/or Supplemental AD&D <input type="checkbox"/> All					

② Primary Beneficiaries								
1	Last Name		First Name		M.I.	Relationship	Benefit Percent	
	Address			City		State		Zip
	Phone Number		Date of Birth		Social Security Number			
2	Last Name		First Name		M.I.	Relationship	Benefit Percent	
	Address			City		State		Zip
	Phone Number		Date of Birth		Social Security Number			
3	Last Name		First Name		M.I.	Relationship	Benefit Percent	
	Address			City		State		Zip
	Phone Number		Date of Birth		Social Security Number			

③ Contingent Beneficiaries								
1	Last Name		First Name		M.I.	Relationship	Benefit Percent	
	Address			City		State		Zip
	Phone Number		Date of Birth		Social Security Number			
2	Last Name		First Name		M.I.	Relationship	Benefit Percent	
	Address			City		State		Zip
	Phone Number		Date of Birth		Social Security Number			

④ Employee Signature	
Signature	Date