

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 <input type="checkbox"/> AIG 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 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