



Spousal Consent Waiver & Beneficiary Designation/Change Form

City of San Diego – Group Life Insurance

Risk Management

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Part 1: Spousal Consent Waiver (To be completed and notarized)

I, _____, the spouse/registered domestic partner of _____, who is an insured person under the City of San Diego's Group Life Insurance Plan (Plan) offered through The Hartford, acknowledge that under the terms of the Plan I must be designated as a beneficiary of at least 50% of the community property interest of the Plan benefits.

I understand that my spouse/registered domestic partner has designated the person indicated on the attached **Beneficiary Designation Form** as the primary beneficiary for the Plan benefits and the effect of this designation is that I will not be entitled to at least 50% of the benefits under the Plan in the event my spouse predeceases me.

I hereby grant consent to this designation made by my spouse.

I specifically acknowledge that by signing this Spousal Consent Waiver that I will not be entitled to at least 50% of the benefits under this Plan.

I also understand I may not revoke this consent.

Spouse: _____ Dated: _____

Plan Participant: _____ Dated: _____

Notary Public



Important Information about Group Life Insurance Beneficiary Designations

Use the Life Insurance Beneficiary Designation Form to designate or make changes to the beneficiary(ies) for Basic and Supplemental Life Insurance plans. The information on this form will replace any prior beneficiary designation. You may name anyone or any entity as your beneficiary. Common designations include individuals, estates, and trusts.

DEFINITIONS

You may find the following definitions helpful in completing this form:

Primary Beneficiary(ies) – the person(s) or entity you choose to receive your life insurance proceeds. Payment will be made in shares equal to what you designate on the trailing form. In the event that a designated primary beneficiary predeceases the insured, the proceeds will be paid to the remaining primary beneficiaries in equal shares or all to the sole remaining primary beneficiary.

Contingent Beneficiary(ies) – the person(s) or entity you choose to receive your life insurance proceeds if the primary beneficiary(ies) die (or the entity dissolves) before you die. Payment will be made in shares equal to what you designate on the trailing form. In the event that a designated contingent beneficiary predeceases the insured, the proceeds will be paid to the remaining contingent beneficiaries in equal shares or all to the sole remaining contingent beneficiary.

INSTRUCTIONS FOR DESIGNATING A PRIMARY OR CONTINGENT BENEFICIARY

1. EMPLOYEE INFORMATION

- All information in this section is required. • Unless otherwise indicated in Section 1, the information supplied on the form will apply to ALL coverages offered under the employer's group life insurance plan. If you do not want the designation to apply to all coverages, then you can specify that in section 1 of the form by checking the box for either Basic Life Insurance, or Optional Supplemental Life.

2. BENEFICIARY DESIGNATION

- You may name more than one primary and more than one contingent beneficiary. This form allows you to name up to four primary and four contingent beneficiaries. If you need additional space, please attach a separate sheet of paper.
- Please indicate the percentage share designated to each primary beneficiary. The total for all primary beneficiaries must equal 100%. If no percentages are specified, the proceeds will be split evenly among those named. Payment will be made to the named beneficiary. If there is no named beneficiary, or the named beneficiary predeceased the insured, settlement will be made in accordance with the terms of your Group Life Insurance Contract. If designating percentages for contingent beneficiaries, the percentage for all contingent beneficiaries must also equal 100%.
- You can name an individual, trust, or an estate as a beneficiary. The following examples may be helpful in designating beneficiaries:

Individual: "Mary A. Doe"

- Each name should be listed as first name, middle initial, last name ("Mary A. Doe," not "Mrs. M. Doe")



- Include the address, telephone number, social security number, relationship and Date of Birth for each individual listed.
- Indicate the percentage to be assigned to each individual.

Estate: "Estate of the Insured"

- Select "Other" as the Beneficiary Description and write "Estate" in the blank space provided.
- Indicate the percentage to be assigned to the Estate of the Insured.

Trust: "The John Doe Trust. A Trust with a trust agreement dated 1/1/1999 whose Trustee is Jane Smith."

- Select "Trust" as the Beneficiary Description.
- Indicate the percentage to be assigned to the trust.
- Complete Section 3, Trust Designation.

3. TRUST DESIGNATION

- Complete this section if you have named a trust as a primary or contingent beneficiary in Section 2. Fill in the name and address for each trustee.
- Fill in the title and date of the Trust Agreement in the space provided.
- Attach a copy of the executed Trust Agreement with this form.

4. AUTHORIZATION/SIGNATURE

- The employee must read, sign and date the authorization.
- Submit the completed form to your Benefits Administrator (as directed by your employer) and keep a copy for your records.



Part 2: Group Life Insurance Beneficiary Designation/Change

DATE: / /

1. EMPLOYEE INFORMATION (please print)

Last Name:	First Name:	MI:	Employee ID# (if applicable)	Marital Status (check one) <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/> Divorced	Gender (check one) <input type="checkbox"/> Male <input type="checkbox"/> Female
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Date of Birth:	Date of Hire:	Daytime Phone:	Email address:
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Address:	City:	State:	ZIP Code:
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Unless otherwise indicated below, this Beneficiary Designation/Change form applies to **ALL coverages** offered under my employer's group plan. This form applies only to:

☐ Basic Life ☐ Optional Supplemental Life coverage(s).

2. BENEFICIARY DESIGNATION: I hereby revoke any previous designations of primary beneficiary(ies) and contingent beneficiary(ies), if any, and in the event of my death, designate the following:

A. Primary Beneficiaries

[illegible]



B. Contingent Beneficiaries								TOTAL: (Must equal 100%)	
Beneficiary Description (check one)	First Name	MI:	Last Name:	Address (include city, state, ZIP)	Relationship	Date of Birth	SSN/Tax ID Number	Phone	% Share
<input type="checkbox"/> Individual <input type="checkbox"/> Trust <input type="checkbox"/> Other_____									
<input type="checkbox"/> Individual <input type="checkbox"/> Trust <input type="checkbox"/> Other_____									
<input type="checkbox"/> Individual <input type="checkbox"/> Trust <input type="checkbox"/> Other_____									
<input type="checkbox"/> Individual <input type="checkbox"/> Trust <input type="checkbox"/> Other_____									
3. TRUST DESIGNATION-COMPLETE IF A TRUST HAS BEEN NAMED AS A BENEFICIARY IN SECTION 2								TOTAL: (Must equal 100%)	
Trustee's Name (First, MI, Last)					Address (include city, state, ZIP)				
And successor(s) in trust, as Trustee(s) under _____ dated _____ as amended and executed by me and said Trustee. (Title of Agreement) (Date of Agreement)									



Group Life Insurance Beneficiary Designation/Change

4.AUTHORIZATION/SIGNATURE: I authorize my plan administrator to record and consider the individuals/institutions that I have named on this form as beneficiaries for benefits under the applicable employee benefit plans. If designating a trust as a beneficiary, I understand The City of San Diego assumes no obligation as to the validity or sufficiency of any executed Trust Agreement and does not pass on its legality. In making payment to any Trustee(s), The City of San Diego has the right to assume that the Trustee(s) is acting in a fiduciary capacity until notice to the contrary is received by The City of San Diego's employee benefit's division. I agree that if The City of San Diego makes any payment(s) to the Trustee(s) before notice is received, The City of San Diego will not make payment(s) again.

Employee's Signature X _____ Date Signed _____

The employee must sign and date this form. The signature date must be the date the employee actually signed the form.