

# City of Eugene Life Insurance Enrollment and Beneficiary Change Form

## Standard Life Insurance

*Return completed form to Benefits Program Staff, Employee Resource Center; 940 Willamette St., Suite 200, Eugene OR 97401*

<b>EMPLOYEE</b>	Your Name (Last, First, Middle)		Employee ID#	Date of Hire	Group Name <b>City of Eugene</b>	Group Number(s) <b>406871-F/406871-C</b>
	Your Address			City	State	ZIP
	Dept./Div.	Work Phone		Home Phone		Date of Birth
<b><i>This designation applies to Life with Accidental Death and Dismemberment (AD&amp;D) available through the City of Eugene. Designations are not valid unless signed, dated and delivered to the Employee Resource Center during your lifetime.</i></b>						
<b>BENEFICIARY</b>	Primary Beneficiary– Full Name		Address		Relationship	% of Benefit
	Contingent Beneficiary– Full Name		Address		Relationship	% of Benefit
<b>CHANGE</b>	<b><i>Use this section only when making a change after insurance becomes effective. Check all that apply.</i></b>					
	Date of Change	<input type="checkbox"/> Name Change  Former Name:		<input type="checkbox"/> Beneficiary Change  <input type="checkbox"/> Other (List)		

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Employee Signature (Required)

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Date (Month/Day/Year)