



## Supplemental Life Insurance Change of Beneficiary Form

Name (first name, middle initial, last name)		Social Security Number	Date of Birth
Retiree ID #	Occupation <b style="color: blue; font-weight: bold;">RETIRED</b>	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	

*In accordance with the conditions of the Policy listed above, I hereby revoke any previous designations of primary beneficiary(ies) and contingent beneficiary(ies), and designate as primary beneficiary(ies) and contingent beneficiary(ies), the following:*

Primary Beneficiary Designation				
Full Name (first name, middle initial, last name)	Social Security Number	Relationship	Date of Birth	Share - %
Street Address		City	State	Zip
Contact Phone: Home Phone		Cell Phone:		
Full Name (first name, middle initial, last name)	Social Security Number	Relationship	Date of Birth	Share - %
Street Address		City	State	Zip
Contact Phone: Home Phone		Cell Phone:		
Full Name (first name, middle initial, last name)	Social Security Number	Relationship	Date of Birth	Share - %
Street Address		City	State	Zip
Contact Phone: Home Phone		Cell Phone:		

*In the event said primary beneficiary(ies) predecease(s) the insured, I designate as contingent beneficiary(ies)*

Contingent Beneficiary Designation				
Full Name (first name, middle initial, last name)	Social Security Number	Relationship	Date of Birth	Share - %
Street Address		City	State	Zip
Contact Phone: Home Phone		Cell Phone:		
Full Name (first name, middle initial, last name)	Social Security Number	Relationship	Date of Birth	Share - %
Street Address		City	State	Zip
Contact Phone: Home Phone		Cell Phone:		

Retiree Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of WSSC Water HR Representative: \_\_\_\_\_ Date: \_\_\_\_\_