



Beneficiary Designation Form for OEBB Benefits

- Office Use Only -

Approved by _____ Date _____

Effective Date _____

1. Employee Information

			Educational Entity	Employee ID, SSN, or E Number		
Last Name	First Name	MI	Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F		
Contact Address	<input type="checkbox"/> Check if New Address	Apt #	City	State	Zip	
Work E-mail	Personal E-mail	Work Phone	Home Phone			

2. Beneficiary Designation

Total of primary percentages must = 100%.
Total of contingent percentages must = 100%.

I elect:

- The **Standard Order of Survivorship** (no beneficiary listed)
- To designate the following as beneficiary
(attach additional sheets if necessary)

Name	Address	Relationship	Primary	Contingent	Percentage
			<input type="checkbox"/>	or <input type="checkbox"/>	%
			<input type="checkbox"/>	or <input type="checkbox"/>	%
			<input type="checkbox"/>	or <input type="checkbox"/>	%
			<input type="checkbox"/>	or <input type="checkbox"/>	%
			<input type="checkbox"/>	or <input type="checkbox"/>	%
			<input type="checkbox"/>	or <input type="checkbox"/>	%
			<input type="checkbox"/>	or <input type="checkbox"/>	%
			<input type="checkbox"/>	or <input type="checkbox"/>	%
			<input type="checkbox"/>	or <input type="checkbox"/>	%
			<input type="checkbox"/>	or <input type="checkbox"/>	%

3. Employee Signature and Authorization

I hereby revoke any and all previous beneficiary designations for my OEBB benefits.

Employee Signature

Date

Send completed form to your Educational Entity. Do not mail this form to OEBB.