



RETIREE Life Insurance Beneficiary Form

RETIREE LIFE INSURANCE: THE STANDARD: \$15,000 POLICY

PLEASE COMPLETE ALL HIGHLIGHTED SECTIONS AND RETURN TO ADDRESS BELOW

CHOOSE A PLAN:	COVERED:	RATE:
<input type="checkbox"/> RETIREE LIFE \$15,000 POLICY	RETIREE NAME:	\$2.55 MO / \$30.60 ANNUALLY
<input type="checkbox"/> DECLINE		

PRIMARY BENEFICIARIES: (Benefits will be shared among all primary beneficiaries)

Name	SSN	DOB
Address	City	State
Name	SSN	DOB
Address	City	State
Name	SSN	DOB
Address	City	State

SECONDARY BENEFICIARIES: (Optional)

Name	SSN	DOB
Address	City	State
Name	SSN	DOB
Address	City	State
Name	SSN	DOB
Address	City	State

Retiree's Signature _____

Date _____

The 2022 – 2023 Plan Year begins October 1, 2022 and ends on September 30, 2023

Benefits/HR
825 W Irving Blvd
Irving, TX 75060

Please call 972-721-2696 with questions