

THE
HARTFORD

Employee Name:	Employee ID Number:	Social Security Number: <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>
Employee Address: (Street, City, State, Zip Code)		Telephone Number ()
Policyholder/Employer: <div>NASSAU BOCES</div>		Policy Number: 677506

It is important that your beneficiary designation be clear so that there will be no question as to your intent. It is also important that you name a primary and contingent beneficiary. When naming your beneficiary(ies) please indicate their full name, address, social security number, and relationship. If the beneficiary is not related either by blood or marriage, insert the words, "Not Related." If more than one primary or contingent beneficiary is named without a percentage indicated, the proceeds will be divided equally. On the reverse side of this form you will find examples of common beneficiary designations. If you need assistance, contact your Company representative or your own legal counsel.

PRIMARY BENEFICIARY(IES)		
Name: _____	Date of Birth: _____	
Address: _____ (Street, City, State & Zip Code)		
Social Security Number: _____	Relationship: _____	Benefit Percent: _____

Name: _____ Date of Birth: _____

Address: _____
(Street, City, State & Zip Code)

Social Security Number: _____ Relationship: _____ Benefit Percent: _____

Name: _____ Date of Birth: _____

Address: _____
(Street, City, State & Zip Code)

Social Security Number: _____ Relationship: _____ Benefit Percent: _____

Signature of Employee: _____ Date: _____