	nly one hoy) I hereby revoke any provious
Initial Beneficiary Designation(s) OR Change of all prior beneficiary designation(s) (check only one box), I hereby revoke any previous beneficiary designation(s), if any, for my group term life insurance and/or accidental death and dismemberment (AD&D) insurance issued to this group or employer and direct that the insurance proceeds payable under the policy be paid as indicated below.	
Employee Name: Employee ID Number:	Social Security Number:
Employee Address: (Street, City, State, Zip Code)	Telephone Number
Policyholder/Employer: NASSAU BOCES	Policy Number: 677506
NAMING YOUR GROUP LIFE BENEFICIARY 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(jes) 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.  Benefits payable for a Dependent's death are payable to You if living, otherwise, We may, at Our option, pay the benefit to Your surviving spouse or to the executors or administrators of Your estate.	
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:
CONTINGENT BENEFICIARY(IES)	
Name:	
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:

01/11/2008

Signature of Employee:\_

Date: \_