



**Nationwide Life  
Insurance Company**  
Home Office: Columbus, Ohio

Commonwealth of Kentucky  
Designation of Beneficiary  
Employee Group Life Insurance Program  
**Group Insurance Contract: 90002**

*Please do not staple or attach other documents to this form. Please complete and print all information. Use black or blue ink only.*

Employee Name (Last, First, MI)		SSN
State Agency, School District, or Health Department (Please specify location)		
Subject to the terms and conditions of the above numbered Group Policy, I request that any sum becoming payable by reason of my death be payable to the following beneficiary (ies). It is my understanding that this designation shall operate so as to revoke all designations of beneficiary previously made by me under the Group Policy.		
Employee Signature		Date (Required)

*Note: Beneficiary designation is not valid unless this form is signed and dated.*

**Beneficiary Designation/Change** – Check appropriate box(es). Please print all information.

1. Primary Beneficiary	Basic Life and AD&D <input type="checkbox"/>		Optional Life and AD&D <input type="checkbox"/>	
	Beneficiary Name (First, Middle Initial, Last)		Beneficiary Name (First, Middle Initial, Last)	
	Address (Street, City, State, Zip)		Address (Street, City, State, Zip)	
	SSN	Birthdate	SSN	Birthdate
	Relationship	Percentage	Relationship	Percentage
2. Contingent Beneficiary	Basic Life and AD&D <input type="checkbox"/>		Optional Life and AD&D <input type="checkbox"/>	
	Beneficiary Name (First, Middle Initial, Last)		Beneficiary Name (First, Middle Initial, Last)	
	Address (Street, City, State, Zip)		Address (Street, City, State, Zip)	
	SSN	Birthdate	SSN	Birthdate
	Relationship	Percentage	Relationship	Percentage

Group Life coverage is issued by Nationwide Insurance, One Nationwide Plaza, Columbus, Ohio 43215. Please refer to the Certificate of Insurance and Insurance Contract for all plan details, including any exclusions, limitations, and restrictions which may apply.

## Designation of Beneficiary (may be completed on-line using KHRIS Employee Self Service Center)

### Instructions

- Print all information using black or blue ink.
- If additional space is needed, a separate paper listing all beneficiary information may be included. This paper must be signed and dated the same as the original form.
- Complete location name.
- Employee signature and date is required.
- Include the relationship of the beneficiary to the employee and the percentage of benefit to be paid.
- One or more beneficiaries may be named. If you do not name a beneficiary, or if you are not survived by one, benefits payable because of your death will be paid in equal shares to the first surviving class of the following: (a) Your spouse, (b) Your children, (c) Your parents, (d) Your brothers and sisters, and (e) Your estate. If utilizing KHRIS ESS, the Designation of Beneficiary will be effective immediately upon submission. If utilizing the paper form, the Designation of Beneficiary is not valid unless this form is signed and dated.
- The Designation of Beneficiary must be on file with your Employer and/or Life Insurance Branch at the time of your death to be accepted. KHRIS requires that all percentages be whole numbers. For example, an employee can no longer list 3 beneficiaries at 33 1/3% each. It must be entered as 33%, 33%, and 34%. The percentages shall total 100 percent. Beneficiaries may be named or changed at any time without the consent of a beneficiary.
- If a trust or trustee is named beneficiary, the written trust must be identified in the beneficiary designation. For example, "Dorothy Q. Public, Trustee under the trust agreement dates \_\_\_\_." Show name and address of the trustee and effective date of the trust agreement.
- Insurance Coordinator should *verify all information*.