

Beneficiary Designation Employee Life, Basic Life and AD&D Instructions

Complete this form to make changes to your beneficiary designation.

- You may make changes at any time to your beneficiary designations. You may also update online at <https://pebb.benefits.oregon.gov/members>.
- Print clearly in dark ink. Illegible forms will be returned.
- Alterations to this form will void your request. If changes must be made please complete another form.
- **If you do not name your beneficiaries, the designation reverts to the standard Order of Survivorship.**
- The standard Order of Survivorship creates a chain of beneficiaries that automatically allows for future marriages, divorces, births, deaths, or adoptions within your family, as established by the policy order.
- If you select the specific designation of beneficiary, you may designate as many beneficiaries as you like and the percentage of the account distributed to each.
 - Primary indicates the person(s) to receive the dollars if still living. Percentage must equal 100% between all primary beneficiaries.
 - Contingent would follow. Percentage must equal 100% between all contingent beneficiaries.
 - You may also choose an estate or a trust.

SECTION A – EMPLOYEE INFORMATION

- Complete each item in this section.

SECTION B – CONTRIBUTION AMOUNT

- Select **one** of the beneficiary options.
- If you select the standard Order of Survivorship, sign and date in Section C and send the form to your agency or university.
- If you wish to designate specific beneficiaries, fill in your beneficiary designations in the spaces provided. Be sure you:
 - Use full names
 - Provide the date of birth for each beneficiary
 - If you designate your estate, provide the address and phone number
 - If you designate a trust, name a trustee and a successor trustee rather than the trust itself.

SECTION C – EMPLOYEE SIGNATURE AND AUTHORIZATION

- Sign and date the form.
- Make a copy for your records and submit to agency/university benefit representative. Your agency/university will not enter this information online.



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SECTION A - EMPLOYEE INFORMATION

LAST	FIRST	MI	ID NUMBER (SSN, University, Benefit)	
DATE OF BIRTH (MM-DD-YYYY)		GENDER <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE		
RESIDENCE ADDRESS <input type="checkbox"/> New Address		CITY	STATE	ZIP
		COUNTY	HOME PHONE	
MAILING ADDRESS (if different from above) <input type="checkbox"/> New Address		AGENCY	WORK PHONE	
E-MAIL				

SECTION B – BENEFICIARY DESIGNATION

Select One: I elect the Standard Order of Survivorship with no beneficiaries listed *

I designate the following beneficiary(ies)

*Currently the order is employee's spouse, employee's children, employee's parents and then the employee's estate. Attach additional sheet if necessary to list more names.

Name of Beneficiary or Trust	DOB	Relationship	Primary or Contingent	Percentage

SECTION C – EMPLOYEE SIGNATURE

I HEREBY REVOKE ANY AND ALL PREVIOUS BENEFICIARY DESIGNATIONS FOR MY PEBB BENEFITS.

Employee Signature Date

Send original to Agency or University benefits office. Please make a copy for your records.