



# Life Insurance/Beneficiary Change Form

Complete entire form to make changes.

## Employer Send completed form to: 1076 Franklin Street SE, Olympia, WA 98501-1346

Employer name \_\_\_\_\_ Monthly base earnings \_\_\_\_\_ Date of hire \_\_\_\_\_ Effective date \_\_\_\_\_

## Employee Please print legibly in blue or black ink.

SSN \_\_\_\_\_ Employee Name (last, first, initial) \_\_\_\_\_ Date of birth \_\_\_\_\_ Gender \_\_\_\_\_

Home/mailling address \_\_\_\_\_ Phone (with area code) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email address \_\_\_\_\_

## Life Insurance Beneficiaries

For life insurance policies as underwritten by Standard Life Insurance only. Please note that in community property states, including Washington, the spouse has legal right to 50% of the benefits, in the event of the employee's death.

Name of primary beneficiary (last, first, initial) \_\_\_\_\_ Name of contingent beneficiary #2 (last, first, initial) \_\_\_\_\_

SSN \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Relationship to insured \_\_\_\_\_ Percent of proceeds \_\_\_\_\_ Relationship to insured \_\_\_\_\_ Percent of proceeds \_\_\_\_\_

Name of contingent beneficiary #1 (last, first, initial) \_\_\_\_\_ Name of contingent beneficiary #3 (last, first, initial) \_\_\_\_\_

SSN \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Relationship to insured \_\_\_\_\_ Percent of proceeds \_\_\_\_\_ Relationship to insured \_\_\_\_\_ Percent of proceeds \_\_\_\_\_

## Your signature is required

I hereby verify that all of the information specified on this form is accurate and complete. By signing below, I have authorized the release of information for myself and my dependents to Standard Life Insurance.

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

*\*For more information about such uses and disclosures, including uses and disclosures required by law, please refer to the Standard Consumer Privacy Notices by contacting the carrier directly.*

Signature \_\_\_\_\_

Date \_\_\_\_\_



**TheStandard**  
1100 SW 6th Ave  
Portland, OR 97204  
**Standard Insurance Company**  
 Basic Life \$ \_\_\_\_\_  
 Accidental Death & Dismemberment  
 Dependent Life  
     Plan option 1       Plan option 2  
 Employee Additional Life \$ \_\_\_\_\_  
    Note: EOI form required if over \$80,000.  
 Spouse Additional Life \$ \_\_\_\_\_  
    Note: Cannot exceed 50% of employee additional life. EOI required, if over \$20,000.