

**Purpose:** Employees should use this form to designate or make changes to the beneficiaries of their Group Insurance death proceeds.

**Effect of Completed Beneficiary Designation:**

- The information on this form will replace any prior beneficiary designation.
- This designation is only valid if completed, signed and on file with the Employer/Group Administrator prior to the Employee's death.
- You may name anyone or any entity as your beneficiary, except the policyholder, and you may change your beneficiary at any time by completing a new Beneficiary Designation form.
- If there is no named beneficiary, or the named beneficiary predeceased the insured, settlement will be made in accordance with the terms of your certificate of coverage.

**PLEASE COMPLETE SECTIONS 1 AND 2, AND IF APPLICABLE, SECTION 3. PRINT, SIGN AND DATE THE FORM AND RETURN TO YOUR EMPLOYER/GROUP ADMINISTRATOR.**

**Section 1 - Employee Information**

- All information in this section is required.

**Section 2 - Designations**

- The designations will apply to ALL coverages offered under the Employer's group plan.
- This form allows you to name up to five primary and five contingent beneficiaries. If you need additional space, please attach a separate sheet of paper.
- **Designation of Percentages:** You are not required to list specific percentages.
  - If you designate percentages, the total for all primary beneficiaries must equal 100% and the total for all contingent beneficiaries must equal 100%.
  - If no percentages are specified, the proceeds will be split evenly among those surviving named primary beneficiaries, and if none, then those surviving named contingent beneficiaries.
  - If there is no named beneficiary, or the named beneficiary predeceased the insured, settlement will be made in accordance with the terms of your certificate of coverage.
- **Primary Beneficiaries** are those who will receive the benefits in the event of the Employee's death. In the event that a designated primary beneficiary predeceases the insured, the proceeds will be paid to the remaining primary beneficiaries in equal shares or all to the sole remaining primary beneficiary.
- **Contingent Beneficiaries** are those who will receive the benefits if no Primary Beneficiary is living at the time of the Insured's death. In the event that a designated contingent beneficiary predeceases the insured, the proceeds will be paid to the remaining contingent beneficiaries in equal shares or all to the sole remaining contingent beneficiary.
- **Specific Designations:**
- You can name an individual, corporation/organization, trust, or an estate as a beneficiary. The following examples may be helpful in designating beneficiaries:
  - **Trust as Beneficiary Designation** can be done by using the following written statement for a living trust: "To [name of trustee], trustee of the [name of trust], under a trust agreement dated [date of trust]." If you wish to designate a testamentary trust as beneficiary (i.e. created by will), you should recognize the possibility that your will which was intended to create a trust may not be admitted to probate (because it is lost, contested or suspended by a later will). Claim payment delays can result if the beneficiary designation does not provide for this situation. At the time of claim, proof of the existence of the trust, W-9 for the trust and trustee information will be required for payment of benefits to the named trust. \*\*
  - **Minors as Beneficiary Designation** can be done by using this document. However, please note if your beneficiary is a minor at the time of claim, payments may be delayed due to special issues raised by these designations. \*\*
  - **Dependent Beneficiary** - In the event dependent benefits are payable, the employee is the beneficiary and may not be changed by this designation.
  - **Foreign Beneficiary** – If a named beneficiary is not a U.S. Citizen, a U.S. resident alien or other U.S. person for tax purposes, they will be required at the time of claim to complete form W-8BEN. Knowing that this information is needed and should be submitted with a claim will help expedite the processing of any benefits due. In addition, please make sure that the address and contact information is up to date.

\*\*You may want to obtain the assistance of an attorney to help consider any special circumstances before drafting your beneficiary designation.

**Signature** – Please make sure the employee's signature is recorded and dated. If the signature is based on power of attorney or as guardian, provide the documentation providing authority for the signatory to act on behalf of the Employee. Acceptance of the form by an Employer or Group is not acceptance that the signatory is authorized to make changes to beneficiaries.

**Section 3 - Community Property**

- If you are married, review the Community Property Section to determine if your spousal consent for the designations should be obtained.

**It is important to keep your beneficiary designation up to date. Please make sure you have reviewed all three sections and make a copy for your records before delivering the form to your Employer/Group Administrator.**

Dearborn Life Insurance Company's group insurance products are offered as Specialty Benefits in cooperation with Blue Cross Blue Shield of Michigan.

Specialty Benefits group insurance products are issued by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Dearborn Life is a separate company and does not provide Blue Cross Blue Shield of Michigan products and is financially responsible for the products it issues.

Dearborn Life Insurance Company is an independent licensee of the Blue Cross and Blue Shield Association. Blue Cross Blue Shield of Michigan and Blue Care Network are nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association.

**Section 1 - Employee Information**

Employee/Retired Employee Name	SSN	Date of Birth (mm/dd/yyyy)	Primary Telephone Number	
Home Address	City	State	Zip	
Employer/Group		Group Policy Number		

**Section 2 - Designations**

**PRIMARY BENEFICIARY DESIGNATIONS - Note: If percentages are listed, the total of the combination must equal 100%.**

Primary Beneficiary Name	Birth Date	Relationship	Social Security #	Address	%

**CONTINGENT BENEFICIARY DESIGNATIONS - Note: If percentages are listed, the total of the combination must equal 100%. DO NOT LIST PRIMARY BENEFICIARIES BELOW THIS LINE**

Contingent Beneficiary Name	Birth Date	Relationship	Social Security #	Address	%

Employee/Retired Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**Section 3 - Community Property States**

**Important Note For Married Employees:** If you live in a community property state/territory, you should obtain the signature of your spouse if your spouse will not be named as a primary beneficiary. Community property states/territories currently include: AZ, CA, ID, LA, NM, NV, TX, WA and WI. Payment of benefits may be delayed or disputed unless your spouse consents to waive his or her rights to any community property interest in the benefits. We have provided below a "Spousal Consent for Community Property States" for your spouse's signature. **DEARBORN LIFE INSURANCE COMPANY WILL NOT BE LIABLE FOR DAMAGES DUE TO ANY DELAY OR DISPUTE IN PAYMENT OF BENEFITS IF YOU CHOOSE NOT TO OBTAIN YOUR SPOUSE'S SIGNATURE.** **Spousal Consent for Community Property States/Territories:** I hereby consent to the beneficiaries designated above by my spouse. This consent supersedes any prior spousal consent I may have given under this plan.

Spouse Signature \_\_\_\_\_ Date \_\_\_\_\_  Employee has no legal spouse

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**The laws of some states require us to furnish you with the following notice:****FOR APPLICATIONS AND CLAIMS:**

**Alabama:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**California:** For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Colorado:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**District of Columbia: WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Hawaii:** For your protection, Hawaii law requires you be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**Kentucky:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**Maryland:** Any person who knowingly or willingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**New Mexico:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**Ohio:** Any person who, with intent to defraud or knowingly that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Oklahoma:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing false, incomplete or misleading information is guilty of a felony.

**Pennsylvania:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Puerto Rico:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**Rhode Island:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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

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

**West Virginia:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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The laws of some states require us to furnish you with the following notice:

**FOR CLAIMS ONLY:**

**Alaska:** A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

**Arizona:** For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**Arkansas:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Delaware:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

**Idaho:** Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing false, incomplete, or misleading information is guilty of a felony.

**Indiana:** A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

**Minnesota:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**New Hampshire:** Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in NH RSA 638:20.

**New Jersey:** Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**Texas:** Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**FOR APPLICATIONS ONLY:**

**New Jersey:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

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