

This designation will apply to ALL of the following Standard Insurance Company coverage(s) if available to you through Orange County Employees Association Health & Welfare Trust: Life Insurance, Life with Accidental Death & Dismemberment (AD&D) Insurance and/or Supplemental Life Insurance. PLEASE NOTE: If you wish to designate separate beneficiaries for your Life/AD&D coverages, you must use the coverage specific beneficiary forms available from OCEA.

Designations made below, or on a separate sheet of paper, are not valid unless signed, dated, and delivered to the Orange County Employees Association during your lifetime.

Sign and date the completed form and return it to the OCEA Benefits Staff at 830 N. Ross Street, Santa Ana, CA 92701.

EMPLOYEE INFORMATION

| | | |
|---|----------------------------|----------------------|
| Your Name (Last, First, Middle) | Social Security No. | Date of Birth / / |
| Your Address | City | State Zip |
| Group Name Orange County Employees Association Health & Welfare Trust | Group No. 608843 | |

BENEFICIARY INFORMATION

- Your designation revokes all prior designations.
- Benefits are payable to a contingent Beneficiary only if you are not survived by one or more primary Beneficiaries.
- If you name two or more Beneficiaries in a class (primary or contingent), two or more surviving Beneficiaries will share equally, unless you provide for unequal shares.
- If a minor (a person not of legal age) or your estate is the Beneficiary, it may be necessary to have a guardian or a legal representative appointed by the court before any death benefit can be paid. If the Beneficiary is a trust or trustee, the written trust must be identified in the Beneficiary designation. For example, "Dorothy Q. Smith, Trustee under the trust agreement dated _____."
- A power of attorney must grant specific authority, by the terms of the document or applicable law, to make or change a Beneficiary designation. If you have questions, consult your legal advisor.
- Dependents Insurance and Supplemental Life Insurance on your Spouse, if any, is payable to you, if living, or as provided under your Employer's coverage under the Group Policy.
- If you complete the "% of Benefit" box(es), the amounts should add up to 100% for each class (primary or contingent). For example, "Primary - John Q. Doe, 60%; Jane Q. Doe, 40%."

| Primary – Full Name | Address | Birth Date | Phone No. | Soc. Sec. No. <i>if known</i> | Relationship | % of Benefit <i>Total must equal 100%</i> |
|---------------------|---------|------------|-----------|----------------------------------|--------------|--|
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| Contingent – Full Name | Address | Birth Date | Phone No. | Soc. Sec. No. <i>if known</i> | Relationship | % of Benefit <i>Total must equal 100%</i> |
|------------------------|---------|------------|-----------|----------------------------------|--------------|--|
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Signature of Member/Employee _____ Date _____