To Be Completed By Huma Group Number	Division	 n	Billing	Category	Date of Retiremen	nt	
758938 Retire			0450		Bute of Retirement		
To Be Completed By Appli	icant	verage Reneficiary	Change Complete	Beneficiary Section belo	ow. Name Cha	anoe	
Your Name (Last, First, Middle)		Your Social Security Nur			T	Male Female	
					L Iviaic L	_ I cinaic	
Your Address			City		State	ZIP	
Former Name (Last, First, Middle) Comp	olete only if name change			Phone Numb	er		
(2009),,							
Employer Name The School Board of Volu	isia County Floris						
The School Board of Volu			.•				
Basic Life Insurance Covera ☐ \$3,000	ge You may choose	one of the jouowing	options.				
\$5,000							
\$10,000							
Beneficiary This designation ap Florida. Designations are not va					•	•	
lifetime.	titi mintees signess, see-	ti, time trouver on the time	or warree	ne terms of the C.	mp I owey a	is you.	
				Soc. Sec. No.		% of	
Primary – Full Name	Address	Birth Date	Phone No.	if known	Relationship	Benefit*	
ļ							
							
				Soc. Sec. No.		% of	
Contingent – Full Name	Address	Birth Date	Phone No.	if known	Relationship	Benefit*	
			 			 	
<u> </u>							
*Total must equal 100%							
-							
Signature I wish to make the cl							
County Schools to bill me to cove change is my coverage or costs cl		equired, toward the cos	st of insurance.	I understand that in	y payment aniot	ant Will	
				- (25/19) (11)			
Member/Employee Signature Red	quired		Date (Mo/Day/Yr)				

Beneficiary Information

- Your designation revokes all prior designations.
- Benefits are only payable to a contingent Beneficiary if you are not survived by one or more primary Beneficiary(ies).
- If you name two or more Beneficiaries in a class:
 - 1. Two or more surviving Beneficiaries will share equally, unless you provide for unequal shares.
 - 2. If you provide for unequal shares in a class, and two or more Beneficiaries in that class survive, we will pay each surviving Beneficiary his or her designated share. Unless you provide otherwise, we will then pay the share(s) otherwise due to any deceased Beneficiary(ies) to the surviving Beneficiaries pro rata based on the relationship that the designated percentage or fractional share of each surviving Beneficiary bears to the total shares of all surviving Beneficiaries.
 - 3. If only one Beneficiary in a class survives, we will pay the total death benefits to that Beneficiary.
- 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 any questions, consult your legal advisor.
- Dependents Insurance, if any, is payable to you, if living, or as provided under your Employer's coverage under the Group Policy.