

**Mark all boxes and complete all sections that apply. Return completed form to Albuquerque Public Schools, Attn: Employee Benefits, PO Box 25704, Albuquerque, NM 87125-0704.**

Your Name (Last, First, Middle)		Employer Name <b>Albuquerque Public Schools</b>		Group Number <b>645746</b>	
Your Address		City		State	ZIP
Your Social Security Number or APS No.	Date of Birth	Phone Number	Cell Number	<input type="checkbox"/> Male <input type="checkbox"/> Female	

**Coverage**

Basic Life \$ \_\_\_\_\_  Additional Life \$ \_\_\_\_\_

**Change** Use this section only when you wish to make a change after insurance becomes effective. Complete all boxes and sections that apply.

Drop Coverage  Address change  Name Change  Beneficiary Change *Complete Beneficiary Section below.*

Effective Date to Drop Coverage \_\_\_\_\_ Former Name: \_\_\_\_\_  
(Supporting documentation required)

Other \_\_\_\_\_

**Additional Life Beneficiary** This designation applies to Life Insurance available through APS. Designations are not valid unless signed, dated, and delivered in accordance with the terms of the Group Policy during your lifetime. See Page 2 for further information.

Primary – Full Name	Address	Birth Date	Phone No.	Soc. Sec. No. <i>if known</i>	Relationship	% of Benefit*

Contingent – Full Name	Address	Birth Date	Phone No.	Soc. Sec. No. <i>if known</i>	Relationship	% of Benefit*

**Basic Life Beneficiary** This designation applies to Life Insurance available through APS. Designations are not valid unless signed, dated, and delivered in accordance with the terms of the Group Policy during your lifetime. See Page 2 for further information.

Primary – Full Name	Address	Birth Date	Phone No.	Soc. Sec. No. <i>if known</i>	Relationship	% of Benefit*

Contingent – Full Name	Address	Birth Date	Phone No.	Soc. Sec. No. <i>if known</i>	Relationship	% of Benefit*

**\*Total must equal 100%**

**Signature** I wish to make the choices indicated on this form. I understand if I drop coverage, I will not be eligible to re-enroll.

Retiree Signature Required \_\_\_\_\_ 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.