



ORANGE COUNTY GOVERNMENT BENEFICIARY FORM

BCC
 CMP

Employee Information

Effective Date: _____ Employee ID: _____

_____ New Hire Change Only
 Last Name First Name MI

 Division/Department Phone Number Email Address

Relationship	Beneficiary Information	Address/Phone	Gender	Primary	Contingent	
<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Sibling <input type="checkbox"/> Parent <input type="checkbox"/> Other	_____	<input type="checkbox"/> Resides with Employee	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____ % Whole Numbers Only	_____ % Whole Numbers Only	
	Full Legal Name	Address:				
	_____	Phone (required):				
	Date of Birth					
<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Sibling <input type="checkbox"/> Parent <input type="checkbox"/> Other	_____	<input type="checkbox"/> Resides with Employee	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____ % Whole Numbers Only	_____ % Whole Numbers Only	
	Full Legal Name	Address:				
	_____	Phone (required):				
	Date of Birth					
<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Sibling <input type="checkbox"/> Parent <input type="checkbox"/> Other	_____	<input type="checkbox"/> Resides with Employee	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____ % Whole Numbers Only	_____ % Whole Numbers Only	
	Full Legal Name	Address:				
	_____	Phone (required):				
	Date of Birth					
<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Sibling <input type="checkbox"/> Parent <input type="checkbox"/> Other	_____	<input type="checkbox"/> Resides with Employee	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____ % Whole Numbers Only	_____ % Whole Numbers Only	
	Full Legal Name	Address:				
	_____	Phone (required):				
	Date of Birth					
<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Sibling <input type="checkbox"/> Parent <input type="checkbox"/> Other	_____	<input type="checkbox"/> Resides with Employee	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____ % Whole Numbers Only	_____ % Whole Numbers Only	
	Full Legal Name	Address:				
	_____	Phone (required):				
	Date of Birth					
				<input type="checkbox"/> Additional form(s) attached	Must equal 100%	Must equal 100%

Employee Signature _____ Date _____ HR Representative Signature _____ Date _____
 HR Reviewer Signature _____ Date _____



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