ORANGE COUNTY GOVERNMENT BENEFICIARY FORM

☐ BCC
☐ CMP

Reset

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 (If different than employee)	Sex	Primary	Contingent
☐ Spouse ☐ Child ☐ Sibling ☐ Parent ☐ Other _____	_____ Full Legal Name _____ Date of Birth	☐ Resides with Employee Address: Phone (required):	☐ M ☐ F	_____ % Whole Numbers Only	_____ % Whole Numbers Only
☐ Spouse ☐ Child ☐ Sibling ☐ Parent ☐ Other _____	_____ Full Legal Name _____ Date of Birth	☐ Resides with Employee Address: Phone (required):	☐ M ☐ F	_____ % Whole Numbers Only	_____ % Whole Numbers Only
☐ Spouse ☐ Child ☐ Sibling ☐ Parent ☐ Other _____	_____ Full Legal Name _____ Date of Birth	☐ Resides with Employee Address: Phone (required):	☐ M ☐ F	_____ % Whole Numbers Only	_____ % Whole Numbers Only
☐ Spouse ☐ Child ☐ Sibling ☐ Parent ☐ Other _____	_____ Full Legal Name _____ Date of Birth	☐ Resides with Employee Address: Phone (required):	☐ M ☐ F	_____ % Whole Numbers Only	_____ % Whole Numbers Only
☐ Spouse ☐ Child ☐ Sibling ☐ Parent ☐ Other _____	_____ Full Legal Name _____ Date of Birth	☐ Resides with Employee Address: Phone (required):	☐ M ☐ F	_____ % Whole Numbers Only	_____ % Whole Numbers Only
				Must Equal 100%	**Must Equal 100%**

Employee Signature _____ Date _____ HR Representative Signature _____ Date _____

HR Reviewer Signature _____ Date _____

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