

## INSTRUCTIONS: LIFE INSURANCE BENEFICIARY FORM

As a new employee, you have Basic Life insurance effective immediately. As such, it's important that you establish your beneficiaries on or before your start date with the county. Please note that your beneficiary designations can be updated or changed at any time. Once you have been set up in myOCPortal, you'll be able to make these updates online through self-service. As a new hire, please be sure to complete your paper form and submit it to HR Benefits on or before your start date.

### IMPORTANT INFORMATION:

- **Be sure to add at least one primary beneficiary.** Contingent beneficiaries are optional.
- You can have multiple primary beneficiaries and multiple contingent beneficiaries, but a beneficiary cannot be a primary and a contingent simultaneously.
  - **Primary Beneficiary:** The person or persons, you designate and is first in line to receive the death benefit from your group life insurance policy.
  - **Contingent Beneficiary:** An alternate beneficiary designated to receive insurance proceeds if there is no primary living at the date of the insured/s death. Benefits are payable to a contingent Beneficiary only if you are not survived by one or more primary Beneficiaries. If you do not list a contingent beneficiary, the death benefit will be paid out in equal shares to the first surviving class in the following order: your spouse, your children, your parents, your brother and sisters, then your estate.
- **Designation amounts must add up to 100% for each class (primary or contingent).**
  - For example: Primary – Joe Q. Doe, 60%; Jane Q. Doe, 40%  
Contingent – John D. Smith, 60%, Joan D. Smith, 40%.
- **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 \_\_\_\_\_." The benefit may be put in an interest-bearing account maintained by The Standard until the child turns the age of majority.
  - **Legal Age:** The age of 18 at which a person takes on the rights and responsibilities of an adult.
  - **Guardian:** One who has, or is entitled to, the custody of the person or property of an infant, a minor without living parents, or a person incapable of managing his own affairs.
- **It is recommended to review your beneficiaries regularly (every year or two) to be sure that the designation is consistent with your wishes.** Employees should also review their designations following life changes events like divorce, or the death of a spouse, to ensure that the designation is still appropriate.
- **You may identify your Estate as the primary beneficiary.** Please include the name and contact information for the personal representative of your Estate.
- **Pets cannot be named as beneficiaries.**

**SUBMISSION PROCESS:**

- **Download/Save this form to your computer.** Save as “EID Name Beneficiary Form”.
- **Complete each section of the form in its entirety.** Incomplete forms will be sent back for corrections.
- Submit your completed form to the [secure Box.com folder](#) on or before your start date.
- Refer to our [Upload Documentation webpage](#) for additional information.

**HOW TO COMPLETE THE FORM:**

In the **Employee Information** section, please mark off **BCC** at the top then enter the following:

- Effective Date: Today’s Date (Day you submitted form)
- Employee ID number
- Full name as it appears on your Social Security Card (Last, First, Middle initial)
- Check off New Hire
- Division/Department
- Personal Phone Number
- Personal Email Address

	<b>ORANGE COUNTY GOVERNMENT BENEFICIARY FORM</b>	<input checked="" type="checkbox"/> <b>BCC</b> <input type="checkbox"/> <b>CMP</b>
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<b>Employee Information</b>		Effective Date: <input type="text"/>	Employee ID: <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/> <b>New Hire</b> <input type="checkbox"/> <b>Change Only</b>
Last Name	First Name	MI	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Division/Department	Phone Number	Email Address	

In the **Beneficiary Designation** section, enter the following (all fields are required):

- Check off **Relationship** (if you check other, you must provide details ie. fiancé, cousin, friend, etc)
- Add beneficiary **full Name** & date of **birth**
- Add beneficiary **address** & **phone number**
- Add beneficiary **gender** (male or female)
- Add applicable **percentages** in primary and/or contingent column.
- Check off additional form at the bottom, if you need additional space and plan to submit more than one form.

- Don't forget to insert your **electronic signature** and **date** the bottom of the form.
  - Click review and sign link in email.
  - Click prompt in document.
  - Create signature.
  - Select signature option.
  - Sign document.
  - Finalize signature.
  - Send.

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 Full Legal Name Date of Birth	Address: Phone (required):	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> % Whole Numbers Only	<input type="checkbox"/> % Whole Numbers Only
<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 Full Legal Name Date of Birth	Address: Phone (required):	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> % Whole Numbers Only	<input type="checkbox"/> % Whole Numbers Only
<input type="checkbox"/> Additional form(s) attached				Must equal 100%	Must equal 100%

Employee Signature	Date	HR Representative Signature	Date
		HR Reviewer Signature	Date



**NEED HELP?**

- If you need help completing this form please reach out to [Benefits@ocfl.net](mailto:Benefits@ocfl.net)
- If you have questions about life insurance or beneficiaries, please contact our onsite representative with The Standard. Our representative can be reached at [OCLifeAndDisability@standard.com](mailto:OCLifeAndDisability@standard.com) or via 407.790.8849.



# 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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