

Life Insurance Beneficiary Form— Disability Waiver of Premium Policies



Colorado Public Employees' Retirement Association
PO Box 5800, Denver, Colorado 80217-5800
303-832-9550 or 1-800-759-PERA (7372) • Fax: 303-863-3727 • www.copera.org

This form should only be used for disability waiver of premium policies. All other PERA life insurance coverage is being administered by Unum, and you should contact Unum at 1-866-277-1649 for the appropriate beneficiary change form.

Any changes you make on this form will take the place of your prior life insurance beneficiary designations that Colorado PERA has on file for the respective coverage. Instructions and definitions are included on the back of this form. Your designation can be changed only by you or your assignee. Your divorce, annulment, or any dissolution or declaration of invalidity of your marriage SHALL NOT revoke the beneficiary designated by you or your assignee unless you revoke the designation by submitting a new paper form to Colorado PERA. Please note that Colorado Revised Statute §15-11-804 does not act to revoke a spousal designation as a beneficiary.

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Name _____

Address _____ City _____ State _____ ZIP Code _____

Signature _____ Date _____ Telephone () _____

Anthem Life Insurance—Waiver of premium policy

Primary Beneficiary Name _____ Relationship _____

Address _____ City _____ State _____ ZIP Code _____

Contingent Beneficiary Name _____ Relationship _____

Address _____ City _____ State _____ ZIP Code _____

Prudential Life Insurance (PRU)—Waiver of premium policy

Primary Beneficiary Name _____ Relationship _____

Address _____ City _____ State _____ ZIP Code _____

Contingent Beneficiary Name _____ Relationship _____

Address _____ City _____ State _____ ZIP Code _____

New York Life Insurance (NYL)—Waiver of premium policy

Primary Beneficiary Name _____ Relationship _____

Address _____ City _____ State _____ ZIP Code _____

Contingent Beneficiary Name _____ Relationship _____

Address _____ City _____ State _____ ZIP Code _____

Instructions

1. Complete the information block at the top of the front side of this form. Complete any sections that you want to change.
2. If you have a will and want this life insurance death benefit to be administered under the terms of your will, you may name your estate as a beneficiary.
3. If you want to name a trust as a beneficiary, list the exact name of the trust and the date of the trust agreement. The trustee of the trust at the time of payment would be issued payment on behalf of the trust.
4. This change will become effective when it is received by Colorado PERA. A confirmation of the change will be mailed to you after the change is processed. You should keep this confirmation with your records.

Definitions

Primary Beneficiary(ies). Receives 100 percent of the life insurance proceeds after your death. If you name more than one primary beneficiary, the proceeds will be divided equally unless you specify otherwise. (Use percentages, not dollar amounts.)

Contingent Beneficiary(ies). Receives the insurance proceeds only if the primary beneficiary(ies) you named has died. If you name more than one contingent beneficiary, the proceeds will be divided equally unless you specify otherwise. (Use percentages, not dollar amounts.)

Additional Beneficiary Designations

Complete this section only if you did not have room to list all of your beneficiary designations on the front of this form. Be sure to sign and date this additional designation below.

Name and Address of Beneficiary	Relationship to You	Insurance Carrier (ANTHEM, PRU, NYL)	Primary	Contingent
			<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Signature _____ **Date** _____