



This designation will apply to the following Standard Insurance Company coverage(s) if available through the Government of the United States Virgin Islands: Life Insurance.

Designations made below are not valid unless signed, dated and delivered to your Employer during your lifetime.

MEMBER/EMPLOYEE INFORMATION

Your Name (Last, First, Middle)		Date of Birth	Social Security Number
Mailing Address			
City	State	Zip	Telephone Number ()
Group Name Government of the United States Virgin Islands		Group No. 648857	

BENEFICIARY INFORMATION

- Your designation revokes all prior designations.
- Benefits are payable to a contingent Beneficiary only if you are not survived by one or more primary Beneficiaries.
- If you name two or more Beneficiaries in a class (primary or contingent), two or more surviving Beneficiaries will share equally, unless you provide for unequal shares.
- 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 _____."
- If the Beneficiary is a trust or a minor, a Will or Trust must be submitted if the member had one.
- 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 questions, consult your legal advisor.
- Dependents Insurance and Supplemental Life Insurance on your Spouse, if any, is payable to you, if living, or as provided under your Employer's coverage under the Group Policy.
- If you complete the "% of Benefit" box(es), the amounts should add up to 100% for each class (primary or contingent). For example, "Primary - John Q. Doe, 60%; Jane Q. Doe, 40%."

Primary - Full Name	Birth Date	Phone No.	Soc. Sec. No. <i>if known</i>	Relationship	% of Benefit <i>Total must equal 100%</i>

Contingent – Full Name	Birth Date	Phone No.	Soc. Sec. No. <i>if known</i>	Relationship	% of Benefit <i>Total must equal 100%</i>

Signature of Member/Employee _____ Date _____
 Process by: _____

Division of Personnel – Retain for your records