



### BENEFICIARY DESIGNATION

PLEASE TYPE or PRINT CLEARLY

PLANHOLDER NAME **City of Newton**

STREET ADDRESS **1000 Commonwealth Ave.**

CITY, STATE ZIP **Newton, MA 02459**

GROUP PLAN NUMBER

**374331**

EMPLOYEE NAME (LAST, FIRST, M.)

SOCIAL SECURITY #

EMPLOYEE HOME ADDRESS (STREET, CITY, STATE, ZIP)

#### BENEFICIARY(IES)

<i>Name(s)</i>	<i>Relationship</i>	<i>Benefit Percentage</i>

If more than one Beneficiary is designated, settlement will be made in equal shares to each of the designated beneficiaries as survive the Insured, unless otherwise provided herein. If no designated beneficiary survives the Insured, settlement will be made to the estate of the Insured, unless other wise provided in the Group Plan.

EMPLOYEE'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_