

**Beneficiary Designation
Employee Life, Basic Life and AD&D
Instructions**

Update online at <https://pebb.benefits.oregon.gov/members>

Read the instructions before you complete and submit this form.

- Print clearly in dark ink. Illegible forms will be returned. This could delay your request.
- If changes must be made to the form, complete another form. Alterations will void the form.
- **It is important that you either file a Beneficiary Designation form with your agency or university or designate your choice on-line.**
- If there is no designation of beneficiary on file on your death, your death benefits will be distributed according to the policy order.
- **If you elect the standard Order of Survivorship**, the designation creates a chain of beneficiaries that automatically allows for future marriages, divorces, births, deaths, or adoptions within your family, as established by the policy order.
- **If you elect the specific designation of beneficiary**, you may designate as many beneficiaries as you like and the percentage of the account distributed to each. Primary indicates the person(s) to receive the dollars if still living, followed by the Contingent. You may also choose an estate or a trust.
- In compliance with the Americans with Disabilities Act, PEBB will provide help filling out this form upon request. You may request help by calling 503-373-1102 or toll free 800-788-0520.

SECTION A – EMPLOYEE/SUBSCRIBER INFORMATION

- Complete each item in this section.
- If you do not know your Benefit Number, you may provide your Social Security number (SSN), University ID number or leave the field blank.
- All other information is mandatory.

SECTION B - BENEFICIARY DESIGNATION

- Select **one** of the beneficiary options.
- If you select the standard Order of Survivorship, sign and date in Section C and send the form to your agency or university.
- If you wish to designate specific beneficiaries, fill in your beneficiary designations in the spaces provided.
- Make sure you fill this out completely.
 - If you choose more than one beneficiary, make sure to include Primary or Contingent information as well as the percentage of your benefit you want to go to each. Enter only whole percentages.
 - Use **full given names**, (e.g., Mary R. Doe, not Mrs. Robert Doe).
 - Provide the date of birth for each beneficiary.
 - To designate your **estate** as beneficiary, provide the address and phone number
 - To designate a trust, name a trustee **and** a successor trustee rather than the trust itself, e.g., “To John Doe (name), trustee, or Jane Doe (name), successor trustee, of the (name of trust), dated (date), held by (name and address).”

SECTION C – EMPLOYEE SIGNATURE AND AUTHORIZATION

- Sign and date the form and remit to your agency or university. Your agency will not enter this inform



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SECTION A - SUBSCRIBER INFORMATION

LAST	FIRST	MI	ID NUMBER (SSN, University ID, Benefit Number)	
DATE OF BIRTH (MM-DD-YYYY)		GENDER <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE		
RESIDENCE ADDRESS <input type="checkbox"/> New Address		CITY	STATE	ZIP
		COUNTY	HOME PHONE	
MAILING ADDRESS (if different from above) <input type="checkbox"/> New Address		AGENCY	WORK PHONE	
EMAIL ADDRESS				

SECTION B - BENEFICIARY DESIGNATION

Select one: I elect the standard Order of Survivorship* with no beneficiaries listed.
 I designate the following beneficiary(ies)

Name of Beneficiary or Trust	DOB	Relationship	Primary or Contingent		Percentage
			<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"/>	

*Currently the order is : employee's spouse, employee's children, employee's parents and then the employee's estate.
 Attach additional sheet if necessary to list more names.

SECTION C – EMPLOYEE SIGNATURE

I HEREBY REVOKE ANY AND ALL PREVIOUS BENEFICIARY DESIGNATIONS FOR MY PEBB BENEFITS.

 Employee Signature

 Date

Send original to Agency or Benefits office

Please make a copy for your records.