



Metropolitan Government of Nashville and Davidson County Life Insurance Beneficiary Designation

Basic Life and Supplemental Life – Group Policy #46767

Return form to Metro Human Resources by:
fax: (615) 862-6713

email: HRBenefitServices@nashville.gov
mail: 700 President Ronald Reagan Way, Suite 201
Nashville, TN 37210

Refer to the instructions on the reverse side before completing this form.

1. EMPLOYEE / PENSIONER INFORMATION (please print)

First Name	MI	Last Name	<input type="checkbox"/> Employee <input type="checkbox"/> Pensioner Department:		
Address	City	State	Zip	Employee ID# or Social Security#	
Unless otherwise indicated below, this Beneficiary Designation form applies to ALL coverages offered under Metro's group life insurance plan. This form applies only to: <input type="checkbox"/> Basic Life <input type="checkbox"/> Supplemental Life					

2. BENEFICIARY DESIGNATION: I hereby revoke any previous beneficiary designations and in the event of my death, designate the following:

A. Primary Beneficiaries

First Name, MI, Last Name	Address (include city, state, zip)	Relationship	Date of Birth	Phone Number	% Share
TOTAL (must equal 100%)					

B. Contingent Beneficiaries

First Name, MI, Last Name	Address (include city, state, zip)	Relationship	Date of Birth	Phone Number	% Share
TOTAL (must equal 100%)					

3. TRUST DESIGNATION – Complete if a Trust has been named as a beneficiary in Section 2.

Trustee's Name (First, MI, Last)	Address (include city, state, zip)

And successor(s) in trust, as Trustee(s) under _____ (Title of Agreement)
dated _____ (Date of Agreement) as amended and executed by me and said Trustee.

AUTHORIZATION and SIGNATURE

By my signature below, I authorize Metro Nashville Government to record the beneficiaries I have named on this form for benefits under the life insurance benefit plans and I understand this designation revokes all previous designations.

Employee / Pensioner Signature _____ Date Signed: _____

INSTRUCTIONS FOR COMPLETING METRO'S LIFE INSURANCE BENEFICIARY DESIGNATION FORM

INSTRUCTIONS:

1. All Employee/Pensioner information is required in Section 1.
2. Please indicate whether this designation applies to your basic life insurance benefits, supplemental life insurance benefits (if applicable) or both. Unless otherwise indicated, all information supplied on this form will apply to ALL coverages offered under Metro's group life insurance plan.
3. In Section 2, list the primary and contingent beneficiary(ies) full name, address, relationship, phone number and indicate the percentage share designated to each type of beneficiary (see information below to assist in naming and completing this form).
4. The percentage total for all primary beneficiaries must add up to 100% and the total for contingent beneficiaries (if named) must also add up to 100%. If you need additional space to list additional primary or contingent beneficiaries, please attach a separate sheet of paper and mark them as primary or contingent and include their percentage share.
5. You can name an individual, estate, trust or corporation/organization as a beneficiary. If you designate a Trust, you must also complete Section 3 to include the name and address for each trustee and the date of the Trust Agreement.
6. Read the authorization and sign the form.
7. Return the form to Metro Human Resources.

The following definitions and examples may be helpful in designating your beneficiaries:

Primary Beneficiary(ies) – the person(s) or entity you choose to receive your life insurance proceeds. You may name more than one primary beneficiary. Payment will be made in equal shares unless otherwise specified by noting the percentage share on the beneficiary designation form. In the event that a designated primary beneficiary predeceases you, the proceeds will be paid to the remaining primary beneficiaries in equal shares or all to the sole remaining primary beneficiary.

Contingent Beneficiary(ies) – the person(s) or entity you choose to receive your life insurance proceeds if the primary beneficiary(ies) die (or the entity dissolves) before you die. You may name more than one contingent beneficiary. Payment will be made in equal shares unless otherwise specified by noting the percentage share on the beneficiary designation form. If a designated contingent beneficiary predeceases you, the proceeds will be paid to the remaining contingent beneficiaries in equal shares or all to the sole remaining contingent beneficiary. If there are no beneficiaries remaining, the benefits will be paid in accordance with the insured group contract.

Individual: "Mary A. Doe"

- Each beneficiary should be listed as first name, middle initial, last name ("Mary A. Doe," not "Mrs. M. Doe")
- Include the address, relationship, date of birth and phone number for each individual listed.
- Indicate the percentage to be assigned to each individual.

Estate: "Estate of the Insured"

- Write "Estate of Insured" in the space for the Beneficiary's name.
- Indicate the percentage to be assigned to your Estate.

Corporation/Organization: "ABC Charitable Organization"

- Write the legal name of the corporation or organization in the space for the Beneficiary's name.
- Include the address, city and state, telephone number and tax ID number of operation for each organization or corporation listed.
- Indicate the percentage to be assigned to the corporation or organization.

Trust: "The John Doe Trust. A Trust with a trust agreement dated 1/1/22 whose Trustee is Jane Smith."

- Write the legal name of the "Trust" in the space for Beneficiary's name.
- Indicate the percentage to be assigned to the trust.
- Complete Section 3, Trust Designation.