

(please print) **Beneficiary Designation Form** (please print)

Social Security Number \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Division \_\_\_\_\_ Address \_\_\_\_\_  
Location - City \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Work Telephone \_\_\_\_\_ Marital Status:  Single  Married  Widowed  Divorced  Legally Separated

I hereby designate the following persons as beneficiary(ies) to receive any death benefits under the Plans I have checked below (according to the terms of the benefit provisions of each plan). I understand that this designation automatically cancels any previous designations which I have made for these Plans and that I may change this designation at any time. The Plans to which this beneficiary designation applies are (please check the appropriate circles):

- Employee Life Insurance       Employee AD&D Insurance       Business Travel Accident Insurance

**NOTE:** If you wish to choose a different beneficiary for one or more of the above Plans, you must complete a separate Beneficiary Designation Form for that Plan or Plans. If you wish to name more than three contingent beneficiaries, you must complete an additional Beneficiary Designation Form. See General Instructions below before completing form.

**Primary Beneficiary(ies)**

Name(s) of Primary Beneficiary(ies)	Social Security Number	Relationship and Birthdate	Percent(%) of Benefit to be Received(total=100%)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Contingent Beneficiary(ies)** *Payment will be made to your contingent beneficiary(ies) only if all your Primary Beneficiaries predecease you.*

Name(s) of Primary Beneficiary(ies)	Social Security Number	Relationship and Birthdate	Percent(%) of Benefit to be Received(total=100%)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Spouse's Acknowledgement and Consent for Community Property States** *(See General Instructions below before completing.)*

I hereby consent to my spouse's designation of the above primary beneficiary(ies). I hereby acknowledge that I understand that (1) the effect of my spouse's beneficiary designation is that I will not receive what would have otherwise been paid to me (or to my estate); (2) such designation is not valid unless I consent to it; (3) my consent is irrevocable unless my spouse revises the designation; and (4) my consent is given knowingly and voluntarily and not as a result of coercion, undue influence, or duress.

Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Notary Public (this instrument was acknowledged before me) \_\_\_\_\_ Date \_\_\_\_\_ City/State Commission Expires \_\_\_\_\_

**Employee's Signature** *(These designations revoke all prior designations.)*

Please return this form to Team Health Human Resources; 1900 Winston Road, Suite 300; Knoxville, Tennessee 37919. You should make a copy of this form for your files before returning it. Your signature below must be witnessed or this designation form is void. The witness may be anyone except a beneficiary.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Witness Signature \_\_\_\_\_

**General Instructions**

You should enter the first name, middle initial or middle name, last name, social security number, date of birth, and relationship of the beneficiary to you. If the beneficiary is not a blood relative, enter "no relation."

You may designate more than three primary beneficiaries and/or more than three contingent beneficiaries. You could name, for example, one primary beneficiary and four contingent beneficiaries. If you need additional space to designate beneficiaries, please complete an additional Beneficiary Designation Form which you must sign and date exactly the same as you sign and date the original Beneficiary Form.

If there is more than one beneficiary of a particular class (primary or contingent), payment will be made in equal shares to those beneficiaries unless specified portions are clearly marked in the space marked "% Share." If you have completed an additional Beneficiary Designation Form and specified "% Shares" proportions, the beneficiaries in each class (primary or contingent) on the original and additional Beneficiary Designation Forms must total to 100%.

**Employee Life, AD&D, and Business Travel Accident Insurance**

If your legal resident is in a community property state and you name someone other than your spouse as either your primary or contingent beneficiary, you should obtain written consent from your spouse. Without such written consent, there may be a delay in payment of benefits or payment may not be made in accordance with your designation. Community property states are Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, and Wisconsin.

Place Notary Stamp Here

