UNITED HERITAGE LIFE INSURANCE COMPANY
P.O. BOX 7777 | MERIDIAN, IDAHO 83680-7777
Phone Number: 800-657-6351
www.unitedheritage.com

Group Insurance Beneficiary Form

Please fill out Sections 1-6 for personal information on the employee.

1. Employee's Full Name			Date of Birth (Month/Day/Yr.)
Address (Including City, State & Zip Code)			Group Number
2. Name of Employer	Employee Job Title	Full-Time Employment (Month/Day/Yr.)	Hours Worked Per Week
3. Male ☐ Female ☐	**4.** Social Security Number	**5.** Gross Monthly Salary	

Your primary beneficiary will receive your death benefit in the event of your death.
The contingent beneficiary will receive your death benefit if the primary beneficiary is no longer living.

6.	Yes	No		Yes	No
Employee Life Insurance	☑	☐	Short Term Disability Insurance	☐	☐
Dependent Life Insurance	☑	☐	Additional Buy-Up STD Plan	☐	☐
Number of Eligible Dependents Including Spouse _____			Long Term Disability Insurance	☑	☐
Supplemental/Voluntary Group Life Insurance	☐	☐	Additional Buy-Up LTD Plan	☐	☐
Voluntary Accidental Death & Dismemberment	☐	☐			

☐ Employee Only
☐ Family

Amount Requested $ _____ ($10,000 increments to a max of $300,000)

If electing amounts over, Employee $50,000, Spouse - $25,000 and Child(ren) $10,000, please complete the attached Evidence of Insurability

NOTE: EVIDENCE OF INSURABILITY MAY BE REQUIRED.

7. Primary Beneficiary's Last Name	First	Middle Initial	Relationship to You
Full Address of Beneficiary			Phone
Contingent Beneficiary's Last Name	First	Middle Initial	Relationship to You
Full Address of Contingent Beneficiary			Phone

8. Unless otherwise provided herein, Beneficiaries designated to share proceeds shall share equally and the share of any Beneficiary who does not survive me shall be paid to the Contingent Beneficiary. If no Beneficiary survives me, the payment shall be made according to the terms of the policy, subject to revocation by me by written notice to my employer. I request the insurance provided by my employer's group insurance plan(s), and authorize the required deduction, (if any) from my wages.

United Heritage Life Insurance Company assumes no responsibility for the beneficiary designation complying with any community property laws relating to the designation. Community property states include: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington and Wisconsin.

Date Signed_____ **Employee Signature**_____