

**Life Insurance Company of North America**  
**Personal Accident Insurance**

**POLICYHOLDER**  
**Board of Higher Education and Ministry**  
**The United Methodist Church**

**POLICY No.**  
**OK - 817413**

*Complete the following to enroll:*

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
PRINTFULLNAME(S)

Address \_\_\_\_\_ Social Security # \_\_\_\_-\_\_\_\_-\_\_\_\_\_  
STREET

\_\_\_\_\_  
CITY STATE ZIP

Select Coverage Option:     Employee     Spouse     Family

Employee Benefit Amount:    \$ \_\_\_\_\_

Total Cost \$ \_\_\_\_\_/per month

My Beneficiary \_\_\_\_\_ Relationship \_\_\_\_\_

You will be your family members' beneficiary unless you tell us otherwise in writing.

I enroll and authorize my employer to deduct the premiums from my earnings. I understand that the insurance selected will begin on the effective date as described in the brochure. If I am not actively at work, or my family members are not actively at work, or they are unable to engage in all the usual duties of a person of like age and sex, the effective date of coverage will be delayed until the individual returns to work, or the family member resumes usual duties.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
DATE

**DECLINATION** — Check here and sign above if you do not want this coverage.

*Return to your employer. Be sure to make a copy for your records.*

TL-007112  
09/09



**CIGNA Group Insurance**  
Life • Accident • Disability

# BENEFICIARY DESIGNATION FORM

Life Insurance Company of North America



**CIGNA Group Insurance**  
Life • Accident • Disability

Employer Name \_\_\_\_\_

Employee Name \_\_\_\_\_ Employee Social Security # \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Primary and Contingent Beneficiaries** – Unless you designate a percentage, proceeds are paid to primary surviving beneficiaries in equal shares. Proceeds are paid to contingent beneficiaries only when there are no surviving primary beneficiaries. If you designate contingent beneficiaries and do not designate percentages, proceeds are paid to the surviving contingent beneficiaries in equal shares. Unless otherwise provided, the share of a beneficiary who dies before the insured will be divided proportionately among the surviving beneficiaries in the respective category (primary or contingent).

Basic Accident Insurance, Life Insurance Company of North America - Policy No. _____				
Employee's Primary Beneficiary(ies):	Relationship to Employee	Social Security Number	Date of Birth	% (total must equal 100%)
Employee's Contingent Beneficiary(ies):	Relationship to Employee	Social Security Number	Date of Birth	% (total must equal 100%)

**If you need additional space, using the above format, please attach a separate piece of paper with the appropriate policy number, the date and your signature.**

<p><b>Community Property Laws</b> - If you are married, reside in a community property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin), and name someone other than your spouse as beneficiary, payment of benefits may be delayed or disputed unless your spouse also signs the beneficiary designation.</p> <p>Spouse Signature _____ Date ____ / ____ / ____</p>
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Owner Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**General** - Please be sure to include the beneficiary's full name, social security number and relationship to you. Providing this information can help expedite the claim process by making it easier to locate and verify beneficiaries.

**Minors** - While you may designate minors as beneficiaries, please note that claim payments may be delayed due to special issues raised by these designations. In the event of a claim and the beneficiary is a minor child, the insurance proceeds will not be released to the minor child. The insurance proceeds may be paid to a duly appointed guardian of the child's estate. You may want to obtain the assistance of an attorney in drafting your beneficiary designation.

**Trust as Beneficiary** - You may designate a trust as beneficiary, using the following form: "To [name of trustee], trustee of the [name of trust], under a trust agreement dated [date of trust]."

If you wish to designate a testamentary trust as beneficiary (i.e., one created by will), you should recognize the possibility that your will which was intended to create this trust may not be admitted to probate (because it is lost, contested, or superseded by a later will). Claim payment delays can result if the beneficiary designation doesn't provide for this situation.

**Life Status Changes** - We recommend that you review your beneficiary designation when significant life status events occur, such as marriage, divorce, or birth of a child.

**See an Attorney!** The above guidelines are general and are not intended to be relied on as legal advice. Unless your designation is a simple one, we recommend that you obtain the assistance of an attorney in drafting your beneficiary designation. A qualified attorney can help assure that your beneficiary designation correctly reflects your intentions, is clear and unambiguous, and meets legal requirements.