



Please read these instructions before you complete and submit this form.

- Print clearly in dark ink. You may fill out this PDF online but will not be able to save your entries; you will need to print and sign the PDF. Illegible forms may be returned. This could delay your request.
- Do not make changes to the form itself; alterations will void the form.
- **It is important that you either file a Designation of Beneficiary form with your agency or university or designate your beneficiary online.** If there is no designation of beneficiary on file on your death, your death benefits will be distributed by order according to the Group Life policy.
- **If you elect the Standard Designation**, the order of distribution will be: your spouse, surviving children, your parents, estate. This designation creates a chain of beneficiaries that automatically allows for future marriages, divorces, births, deaths, or adoptions within your family, as established by Oregon law.
- **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. You may also choose an estate or 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 in Salem, toll free (800) 788-0520 statewide or via fax at (503) 373-1654.

Section A - SUBSCRIBER INFORMATION

Complete all fields in this section. If you do not know your Benefit Number, you may provide your Social Security number (SSN) or university Identification Number. If not, leave the field blank. All other information is mandatory.

Section B - BENEFICIARY DESIGNATION

- Select **one** of the beneficiary options.
- If you select the Standard Designation, sign and date the statement at the bottom in Section C, and mail the form to your agency or university.
- If you select the specific beneficiary option, fill in your beneficiary designations in the space provided. Make sure you fill this out completely.
 - If you choose more than one beneficiary, make sure to include the percentage of your benefit you want to go to each beneficiary. Select 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**, write "estate."
 - 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 - SUBSCRIBER SIGNATURE AND AUTHORIZATION

Sign and date the applicant statement at the bottom of the page, and mail or fax the form to your agency or university.



Please read the instructions on the reverse before you complete and submit this form.

A SUBSCRIBER INFORMATION					
LAST	FIRST	MI	ID NUMBER (Benefit Number, SSN, University ID)		
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		

B BENEFICIARY DESIGNATION					
<p>Select only one of the beneficiary options:</p> <p><input type="checkbox"/> I elect the Standard Designation. (See instructions.)</p> <p><input type="checkbox"/> I designate the following specific beneficiary(ies):</p> <p>Note: Failure to designate a beneficiary will result in the Standard Designation distribution (spouse, surviving children, parents, estate).</p>					
Beneficiary's Legal Name or Name of Trust	Date of Birth	Relationship	Percentage (Whole %)	Primary (✓)	Contingent (✓)

Attach additional sheet if necessary.

C APPLICANT STATEMENT	
<p>This designation voids all previous designations. I hereby revoke any and all previous beneficiary designations for my PEBB benefits.</p>	
Employee or Subscriber Signature _____	Date _____

PEBB USE ONLY

Approved By: _____
Original to Agency or University Benefits Office

PDB: _____

Date: _____
Please make a copy for your records