



P.O. Box 840 ▪ Honolulu, HI 96808-0840
 Telephone: (855) 207-2021 ▪ Fax: (808) 538-8932
 Email: EUTF.custserv@usablelife.com

Group Term Life Insurance Beneficiary Designation Form

MEMBER INFORMATION

Member Name: (First, MI, Last)		Birthdate:	Social Security Number:
Mailing Address: (Street/P.O. Box)		Daytime Telephone:	Mobile Telephone:
(City, State, Zip Code)		Email Address:	
Policyholder Name: Hawaii Employer Union Health Benefits Trust Fund (EUTF)			Policy Number:

I hereby designate the following beneficiary(ies) and revoke the appointment of any existing beneficiary(ies):

PRIMARY BENEFICIARY(IES) – Will receive proceeds if living at death of Member:

1	Last Name:	First Name:	MI:	SSN:	Birthdate:	Relationship:	Percentage:
	Mailing Address (Street/P.O. Box, City, State, ZIP)						Email Address or Telephone:
2	Last Name:	First Name:	MI:	SSN:	Birthdate:	Relationship:	Percentage:
	Mailing Address (Street/P.O. Box, City, State, ZIP)						Email Address or Telephone:

Attach additional sheet with all beneficiary(ies) information if necessary. Percentage total must equal 100%. If more than one Primary Beneficiary is named, proceeds will be paid in equal shares unless otherwise indicated.

CONTINGENT BENEFICIARY(IES) –

Will receive proceeds if Primary Beneficiary(ies) are also deceased at death of Member:

1	Last Name:	First Name:	MI:	SSN:	Birthdate:	Relationship:	Percentage:
	Mailing Address (Street/P.O. Box, City, State, ZIP)						Email Address or Telephone:
2	Last Name:	First Name:	MI:	SSN:	Birthdate:	Relationship:	Percentage:
	Mailing Address (Street/P.O. Box, City, State, ZIP)						Email Address or Telephone:

Attach additional sheet with all beneficiary(ies) information if necessary. Percentage total must equal 100%. If more than one Contingent Beneficiary is named, proceeds will be paid in equal shares unless otherwise indicated.

Dated at _____, this _____ day of _____, _____.
City, State
Day
Month
Year

 Signature of Member Signature of Personal Representative (if authorized)

**THIS BENEFICIARY DESIGNATION IS NOT VALID UNTIL RECEIVED AND ACCEPTED BY USABLE LIFE.
See reverse side for instructions.**

INSTRUCTIONS

1. The signature of the Member is required.
2. This form must be completed, signed, and submitted to USABLE Life.

Mailing address: USABLE Life

Attn: EUTF Customer Service

P.O. Box 840

Honolulu, Hawaii 96808-0840

Fax: (808) 538-8932

Email: EUTF.custserv@usablelife.com

3. Provide full legal name of each beneficiary and relationship to the Member.

SAMPLE BENEFICIARY DESIGNATIONS

1. UNNAMED CHILDREN AS BENEFICIARIES: The legal, natural or adopted child or children of the Member.
2. PARTNERSHIP AS BENEFICIARY: Doe & Company, 100 North Main, Anytown, USA, a partnership composed of John H. Doe and Richard A. Doe.
3. CORPORATION AS BENEFICIARY: Doe & Company, 100 North Main, Anytown, USA, a corporation organized under the laws of the State of Hawaii.
4. TRUST AS BENEFICIARY: John H. Doe, Trustee under Trust Agreement dated _____, _____.
5. CHARITY: American Cancer Society, 234 Main, Anytown, USA.