



# Beneficiary Designation for PEBB Benefits

Office use only
Approved by: _____
Approved date: _____
Effective date: _____

See the Summary Plan Description for more information:

<https://www.oregon.gov/OHA/PEBB/Pages/index.aspx>

## Contact information

PEBB benefit number (P#####), OR#, University ID or Lottery ID

Last name	First name	M.I.	Agency	Gender
				<input type="checkbox"/> M <input type="checkbox"/> F

PEBB and the plans in which you enroll will send **all** benefit-related correspondence to your contact address.

Contact address	<input type="checkbox"/> Check if new address	Apartment #	City	State	ZIP
-----------------	---	-------------	------	-------	-----

Residence ZIP code	Work ZIP code	Work email	Personal email (optional)
--------------------	---------------	------------	---------------------------

Date of birth (mm/dd/yyyy)	Work phone	Home phone (optional)
----------------------------	------------	-----------------------

## Beneficiary designation

*(To Primary beneficiaries are first in line for distribution, contingent beneficiaries are next.)*

- I elect:**  The [Standard Order of Survivorship](#) as established by Oregon law (no beneficiaries listed)  
 To designate the following beneficiary(s) (attach separate sheet if necessary)

Name	Address/City/State/ZIP	Relationship	Primary/Contingent	Percentage (whole number)
			<input type="checkbox"/> / <input type="checkbox"/>	%
			<input type="checkbox"/> / <input type="checkbox"/>	%
			<input type="checkbox"/> / <input type="checkbox"/>	%
			<input type="checkbox"/> / <input type="checkbox"/>	%
			<input type="checkbox"/> / <input type="checkbox"/>	%
			<input type="checkbox"/> / <input type="checkbox"/>	%

## Employee signature and authorization

I hereby revoke any and all previous beneficiary designations for my PEBB benefits.

\_\_\_\_\_  
Employee signature

\_\_\_\_\_  
Date

**Submit completed form to your agency payroll or university benefits office  
Keep a copy of all benefit documents for your records.**