



Beneficiary Designation Form

Employer use only

Approved by: _____

Approved date: _____

Effective date: _____

Use this form to add or change beneficiaries for all OEGB benefits.
Attach additional sheets if necessary.

Employee information		Employer	
Last name	First name	M.I.	
Employee ID, E number or Social Security number		Gender	Date of birth (mm/dd/yyyy)
		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other	
Home phone number	Work phone number	Personal phone number	
Work email		Personal email	
Address <input type="checkbox"/> Check if new address		Apartment or space#	
City	State	ZIP	County

Beneficiary designation

- I elect:** The Standard Order of Survivorship (If you have a Domestic Partner, an Affidavit* must be on file for distribution.)
 To designate the following as beneficiary (Attach additional sheets if necessary.)

Total of primary percentages must = 100%

Total of contingent percentages must = 100%

Name			Address		
City	State	ZIP	Relationship	Primary or contingent	Whole %
				<input type="checkbox"/> OR <input type="checkbox"/>	
Name			Address		
City	State	ZIP	Relationship	Primary or contingent	Whole %
				<input type="checkbox"/> OR <input type="checkbox"/>	
Name			Address		
City	State	ZIP	Relationship	Primary or contingent	Whole %
				<input type="checkbox"/> OR <input type="checkbox"/>	

* Affidavit Information: OEGB's Affidavit of Domestic Partnership can be found online at: <http://www.oregon.gov/oha/OEGB/pages/Forms.aspx>

Employee signature and authorization

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

Employee signature

Date

Submit this completed form to your employer. Do not submit this form to OEGB.