



City of Houston Benefits Basic Life Insurance Form

611 Walker, 4th Floor, TX 77002 | 832-393-6000

benefits@houstontx.gov | cityofhoustonbenefits.org

Submit completed form to the Secure Document Portal at houstontx.gov/hr/benefits/sdsubmission_form.html

Print or type with blue or black ink only

Employment Date	Effective Date
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Employee ID	Email:	Phone Number ()
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First Name	Last Name	M.I.
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Mailing Address or PO Box	Apt. No.	City	State	Zip	County
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Permanent Address	Apt. No.	City	State	Zip	County
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Change Beneficiaries

NAMING THE BENEFICIARY - Designations must be clear. Your intent must not be questionable in order for the insurance company to properly pay the proceeds. It is important to name both a primary and a contingent beneficiary. Note: Proceeds cannot be paid to a minor beneficiary. Such proceeds will be held until the beneficiary reaches the age of majority. Otherwise, proceeds may be paid to a court appointed guardian of the estate of the minor or paid to a minor's trust account established prior to the insured's death.

In accordance with the City of Houston Group Policy, I hereby revoke any previous designations of primary beneficiary(ies) and contingent beneficiary(ies) (if any) and designate as primary beneficiary(ies) and contingent beneficiary(ies) (if any) in the event of my death, the following:

PRIMARY BENEFICIARY

Relationship	Last Name, First Name, M.I.	Contact Number	Date of Birth	Social Security Number/ITIN	% to Each

Payments will be made to the above named beneficiary(ies) in equal shares or all to the survivor(s) unless otherwise indicated. **Total: 100%**
 In the event said primary beneficiary(ies) predecease(s) the insured, I designate as contingent beneficiary(ies):

CONTINGENT BENEFICIARY

Relationship	Last Name, First Name, M.I.	Contact Number	Date of Birth	Social Security Number/ITIN	% to Each

Payments will be made to the above named beneficiary(ies) in equal shares or all to the survivor(s) unless otherwise indicated. **Total: 100%**
 In the event said primary beneficiary(ies) predecease(s) the insured, I designate as contingent beneficiary(ies):

Date	Phone Number	Signature	HR Representative Signature
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Your signature must be notarized or signed by an HR Representative.

THE STATE OF TEXAS
COUNTY OF _____

BEFORE ME, the undersigned authority, on this day personally appeared _____ known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed.

GIVEN UNDER MY HAND and seal of office this ____ day of ____ 20 ____ A.D.

(SEAL)

Notary Public - Signature