

Complete the steps outlined below to verify, add or update your life insurance beneficiary information.

K

Step #	Verify your beneficiary information	
1	Click the Benefits drop-down menu and then the	Your Benefits selection.
		Profile Benefits
	📻 Your benefits 📻 Benefits you can add ye	ear-round BENEFIT REPORTS
		Employee Summary Report
	🤌 Learning Center 🛛 🛃 Medicare	
		l l
Note:	Scroll down to a plan which provides beneficiary-	
	You will be prompted to add your beneficiaries af can edit your selections at any time.	rter selecting an appropriate plan or you
2	, To update beneficiary information on your Life In	surance, scroll down to the applicable
2	section and click the Edit button.	
	8. Your Life coverage	
	Basic Life 2023	
	Offered By:	Dearborn National
	Coverage Amount:	\$50,000.00 (1 times salary)
	Effective Date:	11/25/2022
	Persons Covered:	Abhishek ChaTest8054
	Beneficiaries:	Spouse80 ChaTest8054 🖋 Edit
	Edit coverage	

Benefitplace

4 Spouse80 ChaTest8054 Spouse or/or/1992 Image: Primary in the sponse to on the sponse 4 Select the applicable Beneficiary Type, then click Next. The beneficiary information are prompted to enter will vary based on your selection. Life: Beneficiary information Beneficiary type? Prese Note: Prese Note:	Click the Add Beneficiary button.								
4. Select the applicable Beneficiary Type, then click Next. The beneficiary informatian are prompted to enter will vary based on your selection. Life: Beneficiary information Performed on a set of the set of bins picky with the central set of bins picky with the centre set of bins picky with the central set of bins picky	Life: Beneficiary information								
4 Select the applicable Beneficiary Type, then click Next. The beneficiary information are prompted to enter will vary based on your selection. Life: Beneficiary information Bereficiy type? Provide Uniference Provide Uniference Select the applicable Seneficiary Type, then click Next. The beneficiary information Bereficiary information Enter the beneficiary information Betationship* Social Security Number Datort Bith Addr	Please select the beneficiaries for this benefit, specifying whether they are Primary or Secondary as well as the allocation percentage(s).								
Select the applicable Beneficiary Type, then click Next. The beneficiary information are prompted to enter will vary based on your selection. Life: Beneficiary information Beneficiary information Beneficiary information are proceed for a sole being pack when the centrate to be become decaded. You all is able to many multiple preparations to a sole being pack of the centrate to be become decaded. You all is able to many multiple preparations to a sole being pack of the centrate to be become decaded. You all is able to many multiple preparations to be applicable of the centrate to be become decaded. You all is able to many multiple preparations of the centrate to be become decaded. You all is able to many multiple preparations of the centrate to be become decaded. You all is able to many multiple preparations of the centrate to be become decaded. You all is able to many multiple preparations of the centrate to be become decaded. You all is able to many multiple preparations of the centrate to be become decaded. You all is able to many multiple preparations of the centrate to be become decaded. You all is able to many multiple preparations of the centrate to be become decaded. You all is able to many multiple preparations of the centrate to be become decaded. You all is able to many multiple preparations. 5 Enter the beneficiary 's information then click the Next button. Life: Beneficiary information First Name *	Note: When replacing an existing beneficiary with a new one, first deselect the beneficiary, add the new beneficiary, then adjust the allocation percentage accordingly.								
Select the applicable Beneficiary Type, then click Next. The beneficiary information are prompted to enter will vary based on your selection. Life: Beneficiary information Breficiary type? Free Nate A sender y a provide out on each designed by the efficiency because here a place because the applicable because descend. You all be able to norm multiple preparation, but on each designed by the efficiency because here a place because descend. You all be able to norm multiple preparations. 5 Enter the beneficiary information Enter the beneficiary information. First Name *	tions								
4 Select the applicable Beneficiary Type, then click Next. The beneficiary information are prompted to enter will vary based on your selection. Life: Beneficiary information Bendixity type: Net Note: Press Note: Press Note: The Note: The Note: Cerce: 5 Enter the beneficiary's information then click the Next button. Life: Beneficiary information Enter the beneficiary's information then click the Next button. Life: Beneficiary information Enter the beneficiary's information then click the Next button. Life: Beneficiary information Enter the beneficiary's information then click the Next button. Life: Beneficiary information Enter the beneficiary information Enter information <p< td=""><td>dit</td></p<>	dit								
Select the applicable Beneficiary Type, then click Next. The beneficiary information are prompted to enter will vary based on your selection. Life: Beneficiary information Beneficiary type? Presentation: Presentation: Presentation: Presentation: Total: Total: Enter the beneficiary's information Enter the beneficiary in									
are prompted to enter will vary based on your selection. Life: Beneficiary information Beneficiary type? Please Note A defense of the province Organization The province Description Enter the beneficiary 's information then click the Next button. Life: Beneficiary information Enter the beneficiary information									
5 Enter the beneficiary information Eister Image: State / Province First Name * Middle Name Image: State / Province Pirst Name * Middle Name Image: State / Province Pirst Name * Middle Name Image: State / Province Pirst Name * Middle Name Image: State / Province Pirst Name * Origination Image: State / Province	on you								
Bereficiary type? Press Noc: A deress 1 Organization Trust									
5 Enter the beneficiary information then click the Next button. Life: Beneficiary information. First Name * Middle Name Inter the beneficiary information. First Name * Middle Name Address 1 Address 2 City State / Province Please Select ZIP / Pestal code Country	Life: Beneficiary information								
A beneficiary is a person organization trust, or estate designated by the entificate holder to reache proceeds from a policy when the certificate holder becomes deceased. You will be able to name multiple per organizations and/or husts a primary and/or secondary beneficiaes and designate allocation percentages for each. Person Organization Trust Person Organization Trust Person Organization Trust Persons Cancel Persons Cancel Persons Cancel Persons Cancel Persons Cancel Persons Cancel Persons Cancel Persons Cancel Persons Cancel Persons Cancel Persons Suffix Persons	Beneficiary type?								
5 Enter the beneficiary's information then click the Next button. Life: Beneficiary information Enter the beneficiary information Please Select Relationship * Social Security Number Date of Birth Please Select Please Select ZIP / Postal code Country									
5 Enter the beneficiary's information then click the Next button. Ife: Beneficiary information Enter the beneficiary information Enter the beneficiary information Enter the beneficiary information Enter the beneficiary information Relationship* Social Security Number Date of Birth Address 1 Address 2 City State / Province Please Select Phone Number	A beneficiary is a person, organization, trust, or estate designated by the certificate holder to receive proceeds from a policy when the certificate holder becomes deceased. You will be able to name multiple persons, organizations and/or trusts as primary and/or secondary beneficiaries and designate allocation percentages for each.								
5 Enter the beneficiary's information then click the Next button. Life: Beneficiary information Enter the beneficiary information. First Name* Middle Name Last Name* Suffix Please Select Relationship* Social Security Number Date of Birth Address 1 Address 2 City State / Province IPlease Select ZIP / Postal code Country Phone Number									
5 Enter the beneficiary's information then click the Next button. Life: Beneficiary information Enter the beneficiary information. First Name * Middle Name Last Name * Suffix Please Select Relationship * Social Security Number Date of Birth Address 1 Address 2 City State / ProvincePlease Select ZIP / Postal code Country Phone Number									
5 Enter the beneficiary's information then click the Next button. Life: Beneficiary information Enter the beneficiary information. First Name * Middle Name Last Name * Suffix Please Select Relationship * Social Security Number Date of Birth Address 1 Address 2 City State / ProvincePlease Select ZIP / Postal code Country Phone Number									
Life: Beneficiary information Enter the beneficiary information. First Name * Middle Name Last Name * Suffix Please Select Relationship * Social Security Number Date of Birth Address 1 Address 2 City State / Province Please Select ZIP / Postal code Country									
Life: Beneficiary information Enter the beneficiary information. First Name * Middle Name Last Name * Suffix [] [] [] [] [] Relationship * Social Security Number Date of Birth [] [] Address 1 Address 2 City State / Province ZIP / Postal code Country Phone Number []									
Enter the beneficiary information. First Name * Middle Name Last Name * Suffix • • • • • Relationship * Social Security Number Date of Birth • • Address 1 Address 2 City State / Province ZIP / Postal code Country Phone Number •									
Image: Solution ship * Social Security Number Date of Birth Image: Solution ship * Image: Social Security Number Date of Birth Address 1 Address 2 City State / Province Image: Solution ship * Image: Solution ship * State / Province ZIP / Postal code Country Phone Number									
Image: Solid Security Number Date of Birth Relationship * Social Security Number Date of Birth Address 1 Address 2 City State / Province Image: ZIP / Postal code Country Phone Number Phone Number									
Address 1 Address 2 City State / Province ZIP / Postal code Country Phone Number	~								
Address 1 Address 2 City State / Province ZIP / Postal code Country Phone Number									
ZIP / Postal code Country Phone Number									
ZIP / Postal code Country Phone Number									
	~								
Please Select V									
Next Previous Cancel									

HONE Optimizing Your HR Journey

Benefitplace



	Then click Next to continue. Life: Beneficiary information									
	Please select the beneficiaries for this benefit, specifying whether they are Primary or Secondary as well as the allocation percentage(s).									
No	Note: When replacing an existing beneficiary with a new one, first deselect the beneficiary, add the new beneficiary, then adjust the allocation percentage accordingly.									
Us	e Name		Relationship	Date of Birth	SSN/ID	Beneficiary Type	Allocation %	Actions		
	Spouse	80 ChaTest8054	Spouse	01/01/1992	***_**	Primary	▶ 100	Edit		
5	Child T	est	Child	02/13/2013		Secondary	✓ 100	Edit		
A	dd Beneficiary									
Pl	ase Note:									
Se	condary benefici	aries will receive proceeds in	the event that all primary bene	eficiaries are no longer living.						
	.									
Next	Previous	Cancel								
20 You)22 L r 2022 Life	ry page dis ife Offer		ý			ormation.	been saved.		
20 You)22 L r 2022 Life	ry page dis ife Offer offer benefit sun e to complete the Life Basic Life 20 Offered By: Deau Coverage Amou Effective Date: 11	Summary nmary is shown bel section. 023 rborn National int: \$50,000.00 (1 tim	/ low. To make chan				been saved. `		
20 You)22 L r 2022 Life	ry page dis ife Offer offer benefit sun e to complete the Life Basic Life 20 Offered By: Deau Coverage Amou Effective Date: 11	Summary nmary is shown bele section. 023 rborn National int: \$50,000.00 (1 tim 1/25/2022 twice per month	/ low. To make chan				been saved. \		
20 You)22 L r 2022 Life	ry page dis ife Offer offer benefit sun to complete the Life Basic Life 20 Offered By: Deal Coverage Amou Effective Date: 11 You Pay: \$0.00 the Beneficiaries Hide details ∽	Summary is shown bele section. 023 rborn National int: \$50,000.00 (1 tim 1/25/2022 twice per month Calt Edit 30 ChaTest8054 pouse	/ low. To make chan				been saved. Y		