

# Beneficiary Designation Form - CAPE Survivor Benefit Group Term Life Insurance from Blue Shield of California Life & Health Insurance Company (Blue Shield Life)

Send completed form to: Dexheimer-Erickson Corporation, 350 S. Figueroa St., Ste. 950, Los Angeles, CA 90071, or by FAX (213) 225-5611, or email to [d-e.clientservices@dex-erickson.com](mailto:d-e.clientservices@dex-erickson.com).

Note: Please complete the entire claim form. This form cannot be processed if information is incomplete. Please print using ink.

Group name <b>Sponsor of plan (not employer) - California Association of Professional Employees Benefit Trust</b>	Group policy number <b>SL8533</b>
Insured's name	Social Security number

Blue Shield Life will pay the proceeds to the primary beneficiary. If more than one person is named as primary beneficiary, the proceeds will be distributed equally to those who survive the insured, unless otherwise specified in the % column.

## Section 1 – Primary survivor benefit group term life insurance beneficiary

Last name	First name	M.I.	%	Relationship to empl/mem.	Birth date
Address		City		State	ZIP
Last name	First name	M.I.	%	Relationship to empl/mem.	Birth date
Address		City		State	ZIP
Last name	First name	M.I.	%	Relationship to empl/mem.	Birth date
Address		City		State	ZIP
Last name	First name	M.I.	%	Relationship to empl/mem.	Birth date
Address		City		State	ZIP

Proceeds will be paid to a contingent beneficiary if no primary beneficiary survives the insured.

## Section 2 – Contingent survivor benefit group term life insurance beneficiaries

Last name	First name	M.I.	%	Relationship to empl/mem.	Birth date
Address		City		State	ZIP
Last name	First name	M.I.	%	Relationship to empl/mem.	Birth date
Address		City		State	ZIP
Last name	First name	M.I.	%	Relationship to empl/mem.	Birth date
Address		City		State	ZIP

Insured's signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_

(see reverse)

## Instructions for completing the Beneficiary Change Request

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- **Do not forget to sign and date this form and make two copies.**
- For insured persons under a group policy: Send one copy of this form to by mail to Dexheimer-Erickson Corporation, 350 S. Figueroa St., Ste. 950, Los Angeles, CA 90071, or by FAX (213) 225-5611, or email to [d-e.clientservices@dex-erickson.com](mailto:d-e.clientservices@dex-erickson.com).
- Keep one copy for your records.
- If the named beneficiary is a minor at the time of payment, a court-appointed legal guardian of the minor child's estate may be required for payment of proceeds.
- If more than one primary or contingent beneficiary is named, and they are not to share equally, be sure to show percentages, or fraction, not dollar amounts for each.\*
- If you do not designate a beneficiary, the proceeds from the survivor benefit group term life insurance policy will be paid out according to the master contract schedule.

\* If three or more beneficiaries are to share equally, state, "In equal shares", or "in equal share to the survivors", or "all to the survivor."