

Beneficiary Designation Form

If you do not have a beneficiary designation form completed on file, benefits of the Plan(s) in which you are enrolled will be paid to the person(s) in the following order; however, an affidavit must be completed in order to collect and will delay the processing of payment to the beneficiary.

1. 100% to your spouse, or if none,
2. equally among your natural and adopted children, or if none,
3. equally between your natural parents, or if none,
4. equally among your siblings, or if none,
5. the executors of administrators of your estate.

If you agree to the above statement and do not wish to designate a Beneficiary, please **sign** below and return to the SANAD Benefits Department.

Employee Name: _____ SS# _____ Employee ID# _____

Beneficiaries: The beneficiaries listed as primary beneficiaries will each receive the percentage indicated. Percentages must add up to 100%

Name of Beneficiary	%	Relationship	SS#
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Contingent Beneficiaries: The beneficiaries listed as contingent beneficiaries will only receive benefits if the primary beneficiaries have predeceased them. The contingent beneficiaries will each receive the percentage indicated. Percentages must add up to 100%.

Name of Beneficiary	%	Relationship	SS#
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

This beneficiary designation applies to all the coverage's listed below, (if enrolled).

Company Provided:	Basic Life	Employee Elected:	Optional Life
	Basic AD&D		Optional AD&D

By completing, signing and dating this form, the beneficiary designation specified above replaces any previous beneficiary designation to the SANAD Group Insurance Plan.

➔ Employee Signature: _____ Date: _____

PLEASE RETURN THIS FORM BY MAILING TO: SANAD BENEFITS DEPT., 515 W. GREENS RD., #1200, HOUSTON, TX 77067 OR BY SECURE FAX TO 281-775-8450.