



State of Maryland

Beneficiary Designation and Change Form

Standard Insurance Company
 The Standard ASM – c/o Employee Benefits Division – State of Maryland
 301 W Preston Street, Room 510 Baltimore MD 21201

Instructions

Please type or print clearly with a ball-point pen. All sections must be completed for processing. **You must sign and date for the beneficiary designation or change to be valid.** This beneficiary designation cancels all prior designations. Upon completion, please refer to the instructions on the reverse side of this form.

Please check one: Beneficiary Designation Beneficiary Change

Employee and Plan Information

Member Name (Last, First, M.I.)		Social Security Number		
Address	City	State	Zip	
Group Name State of Maryland		Group Number 642220		

Beneficiary Designation

Complete for Employee-paid Voluntary Life Insurance only.

PRIMARY					
Full Name	% of Benefit	Address (street, city, state, zip)	Social Security #	Relationship	Date of Birth
_____	_____	_____	- -	_____	_____
_____	_____	_____	- -	_____	_____
CONTINGENT					
Full Name	% of Benefit	Address (street, city, state, zip)	Social Security #	Relationship	Date of Birth
_____	_____	_____	- -	_____	_____
_____	_____	_____	- -	_____	_____
X Signature of Employee					Date

Beneficiary Examples

Two Primary Beneficiaries:					
Peter Smith	60%	77 America St, Anytown, USA 77777	000-00-7777	Husband	
Anna Smith	40%	777 USA St, Anytown, USA 77777	000-00-7899	Daughter	
One Primary & One Contingent Beneficiaries:					
Primary:					
Peter Smith	100%	77 America St, Anytown, USA 77777	000-00-7777	Husband	
Contingent:					
Quincy Smith	100%	789 Tree St, Anytown, USA 77777	000-00-7900	Son	

Beneficiary Information

- Benefits are only payable to a contingent Beneficiary if you are not survived by one or more primary Beneficiary(ies).
- Dependents Insurance, if any, is payable to you, if living, or as provided under your Employer's coverage under the Group Policy.
- If a minor (a person not of legal age), or your estate, is the Beneficiary, it may be necessary to have a guardian or a legal representative appointed by the court before any death benefit can be paid.
- If the Beneficiary is a trust or trustee, the written trust must be identified in the Beneficiary designation. For example, "Dorothy Q. Smith, Trustee under the trust agreement dated _____."
- A power of attorney must grant specific authority, by the terms of the document or applicable law, to make or change a Beneficiary designation. If you have questions, consult your legal advisor.

Instructions for Returning Form

Active/Satellite Account Employees: Please return the form to your Agency Benefits Coordinator in your Agency Personnel Office.

Agency Benefits Coordinators: Please send the form to the following address:

The Standard ASM
Employee Benefits Division
State of Maryland
301 W. Preston St. Room 510
Baltimore, MD 21201

Direct Payees/Retirees: Please return the form to your Agency Benefits Coordinator (if applicable), or mail the form to: The Standard ASM, Employee Benefits Division, State of Maryland, 301 W. Preston St. Room 510, Baltimore, MD 21201.